STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

23c NAME OF CEMETERY OR CREMATORY

VAN LIEW CEMETERY

REG NO

20902

FRANCIS J. COLLINS 500 UNIV BLVD. W. SILVER SPRING MD. 20901

STANLEY A. SCHWARTZ

23b. DATE

230 BURIAL, CREMATION, REMOVAL

BURTAL

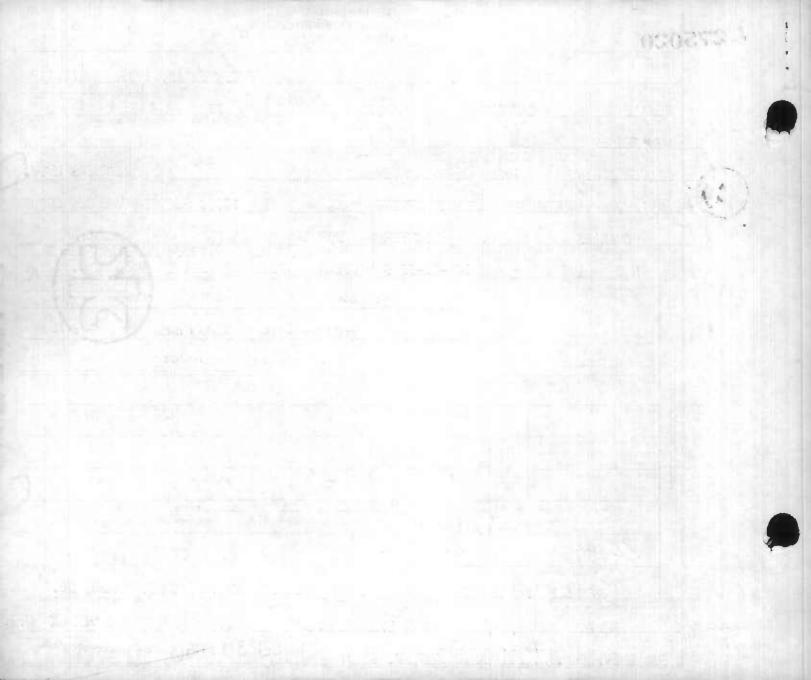
(SPECIFY)

24 FUNERAL DIRECTO

NEW BRUNSWICK MIDDLESEX N.J. SEP 30 1985 Julia Jandson-Kindake

5454 WISCONSIN AVENUE, CHEVY CHASE, MD.

DHMH - 16 60M 7/B4 (VRA 15, 4)

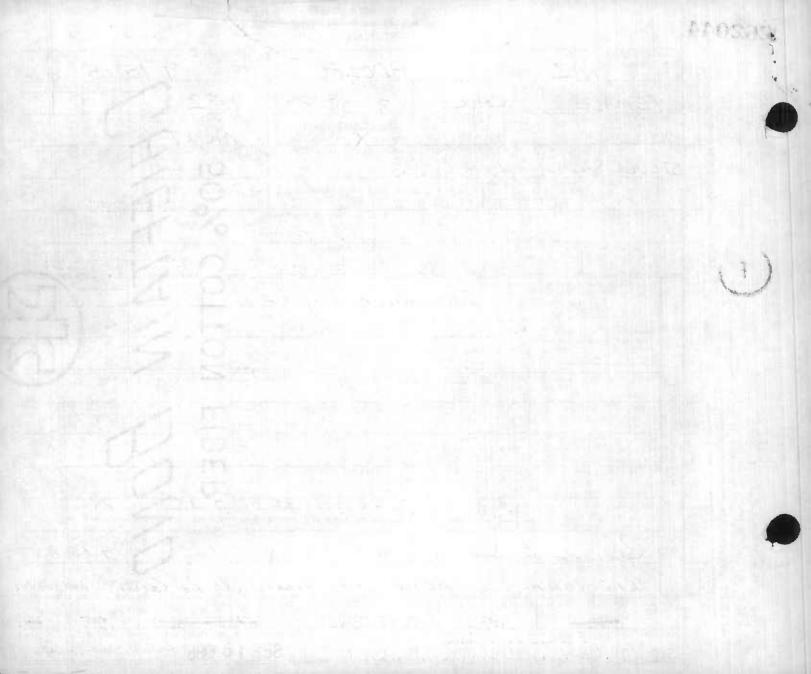


STATE OF MARYLAND

Film G607 item 23z,b,d,

500 UNIV.BLVD. W. SILVER SPRING. MD. 20901

(VRA 15, 4)



259023

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

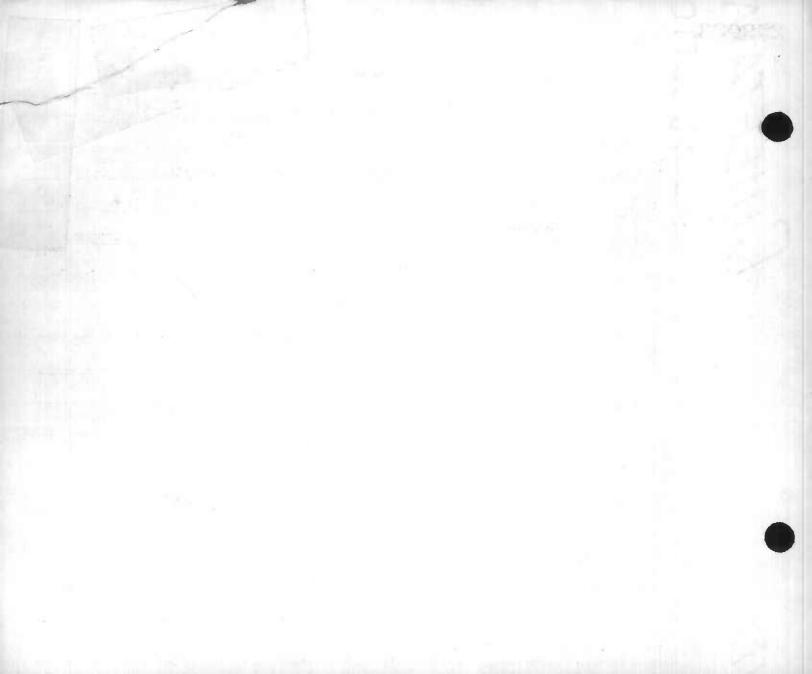
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	201	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.			
1		CEASED NAME	FIRST	,	WIDDLE	i	AST	20. D	ATE OF DEATH	MONTH	DAY YEAR	26 HOU	IR ₂₀
١	(TYPE	OR PRINT)	Barna	Rdo	B.	A	HOBET.	7		9	2 85	8	OM
	3. SEX	Κ		RACE		5. DATE C	OF BIRTH	6. AG	E (IN YEARS LAST BIR	THDAY)	IF UNDER I YEA		244R5
		Male	-6	Spar	rish	MONTH	30 03	3	83	YRS.	MONTHS: DAY	SHOURS	MIN.
1		RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9. BA	LTIMORE CITY O	R COUNT	Y OF DEATH		
/		SP3in		113	SA	WIDOWE			Montai	omer	24		MD.
	10. CI	TY OR TOWN OF DEA	ATH 11		H FACILITY, GIVES		OR OTHER INSTITUTION		ISUAL OCCUPAT OF WORK FOR MOST O	ION OF WORKING L	176. KIND INDUSTR	4	ESS OR
	USUA	AL RESIDENCE (# NURS	ING HOME OR OT	LUCS Y	GIVE RESTONALE B	DO HO	applies and	2.1.	<u>Hairstyl</u>	.1St	pri	vate	
7	13a S	MD	136 COUNT		13c. CITY OR 1		13d. INSIDE CITY LIMITS YES (1) NO []		705	ZIP COD	1 D	2091	2
1	FA	THER'S NAME	Unkt	rown	LAST		15. MOTHER'S MAIDEN FIRST	NAME	WIDDIE		Barra	nco	
Ť		VAS DECEASED EVER			166 SOCIALS	ECURITY NO.	17 INFORMANT		ADDRI	ESS	2000		715
	()	NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	433.	54-4680	Margarita	Harv	ey 8421	Sprui	lll Dr.	-	
	П	18 CAUSE OF DEAT	H (Enter only	ane cause per	ine for (a), (b	i, one	-1	0			BETWEE	DXIMATE INTE	RVAL
	ш	PART I. DEATH W	/AS CAUSED	BY: CAUSE (o)	Jehris.	with 's	schemic bon	vel					
	ı			DUE TO, O		EQUENCE OF	1						
	ı	Conditions, if ony,	, which	(b) (hour	c. Orsh	uctive luve	dx					
η		gove rise to imm	mediote	DUE TO O	R AS ALCONSE	OUT WOT OF	0)					
	1 1	underlying couse		100000		Bition							
1		PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO			NOT RELATED TO THE TO	ERMINAL [DISEASE OR CON	DITIONG	IVEN IN PART	lio	
	S S												
1	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	TION FOR WH	HICH OPERATIO	N WAS PERFORMED	200	AUTOPSY?	20b IF YE	ES, WERE FINE	INGS USE	D
1	[€							YE	S NO		IFYING CAUS	NO [
1	8	21a. ACCIDENT WAS UNI		216. TIME O		DAY VEAD	21c. HOW INJURY OCC	CURRED (NTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
4	7	OR CONTRIBUTING		HOUR A.	M. MONTH	DAY YEAR							
1	MEDICAL	21d. INJURY OCCUR		21e. PLACE			211 LOCATION STREET		CITY OR TO	na/Al	COUNTY		STATE
	×	WHILE NOT WE AT WO	HILE	(AT HOME STR	REET, FACTORY, OEI	EICE, FARM, ETC	SIREET		11				JIMIL
		22a.l certify that (I)	(this hospito	l) otterded th	e deceosed fro	om 6 7	. 19_8	10	9118	5	. 19	, that (I) (we) last
		sow the decrease obove, (I) (we) (t	ed olive on_	view the hody	ofter death	19 C , or	nd that in (my) (our) opin	iian death	occurred an the d	ate ond ha	our and fram th	ne causes st	ated
		226 SIGNATUR	4	1 5	-		DEGREE				22c. DA	TE SIGNED	
		(Mu	ulh	to u			ATTENDING PHYSICIAN	MEI N DIRE	DICAL STA				
Г	1	22d. PHYSICIANS N	AME TYPE OR P	PRINT)			22e ADDRESS	11	11		0	A	
		SMITH	Ho	, M.9	>		7610 Can	A lbi	we ligh	ioma	TKI	md.	
1		BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATOR	RY 23	LOCATION		- COUNTY		MD
	C	remation		9-4-	85	Baltimo	re Washingt	on Cr	ematory	Laure	el Prin	ce Ge	orge

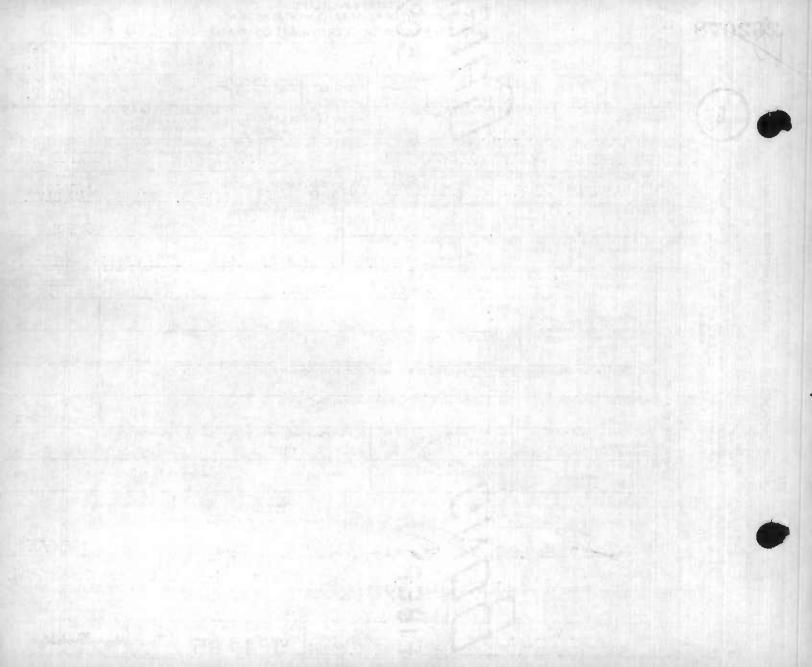
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
Donald V. Borgwardt 4400 Powder

Tavidson-Randelle



+	FOR		STATE EPARTMENT OF HE	OF MARYLAND	HYGIENE				
78	STATE		ICAL EXAMINE		6.3	REGINO.	6 0	70	
	ECEASED NAME FIRST	BERT A	. ALL	EN LAST	OF	E KNOWN X	MONTH DAY	YEAR 2912	4
3. S	EX 4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF UND	ER 24 HRS. 2c. DA	UNCED	MONTH DAY	19:4	4
	BIRTHPLACE (STATE OR	MAY 12 1	AT COUNTRYS .		DE 9 BALT	AD IMORE CITY OR	9/4	19 85 P.	N
	FOREIGN COUNTRY) MARYLAND	U.S.A.			RCED 🗆	MONT GOME	ERY	(IND OF BUSINESS	ΝĒ
SI	LIVER SPRING	HOLY CRUS	TAL, NURSING HOME, O	ROTHER INSTITUTION	STOCK			RTLL LYN	
	JAL RESIDENCE IIF IN NURSING HOME STATE MARYLAND COW	OR OTHER INSTITUTION, GM	1357 LVER SPR1	NG 13d. INSTRECTTY LIMITS	13e. STREET ADD		URE WOR	20906 RLD BLVD.	
	FATHER'S NAME FIRST HERBERT WAS DECEASED EVER IN U.S. A	MIDDLE F.	ALLEN	15. MOTHER'S MA FIRST MAV 17. INFORMANT		ADDRESS	C	DWENS	
	(YES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	577-09-5547		LALIEN	SAME	AC 12	WIFE	
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE				I. ALLEN	SAMIL		APPROXIMATE INTERVAL	TH
z	Conditions, if ony, which gave rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITION	(b)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF UT NOT RELATED TO THE TERMINAL	OISEASE OR CONDITION GIVEN IN	PART I (a).				
ATIO	190. DATE OF OPERATION		ON FOR WHICH OPERAT	ON WAS PERFORMED?			20.	. AUTOPSY?	-
CERTIFICATION	None 710. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY	21c. HOW INJURY OCCUP	RED LENTER NATURE OF	INJURY IN ITEM 18 PA	ART 1 OR PART 2)	YES NO	2
			MONTH DAY YEAR	None				400	
MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		F INJURY (AT HOME, DRY, FARM, ETC.)	11. LOCATION STREET	CITY OF	TOWN	COUNTY	STA	31
	22a. I certify that I took cha	[V]	ribed above, held an Accident Suicic		tion , Inqu , Undetermined	monner .	DATE	9/16/85	
	EXAMINER'S NAME (TYPE OR PRINT)	ohn S. Rog	ers, M.D.	1919	Seminary ver Spring	Road			d.
L	BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION			AN CREMATOR	23d. LOCATION CITY OR TOWN	ANDRIA	COUNTY VII	RGINIA	
74.		IS J. COLLI	INS UFP SPRING!	OF	P 1 6 198	I A. 1	lavidson-i		



22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Oct. 3, 1985.Wm.Lee's Sons

BP 16 50M 4/1 (VRA 15, 4)

74. FUNERAL DIRECTOR McGuire Funeral Service, Inc.
7400 Georgia Ave NW, Washington, DC 20012

David B. Kessler, M.D.

23a. BURIAL, CREMATION, REMOVAL

Cremation

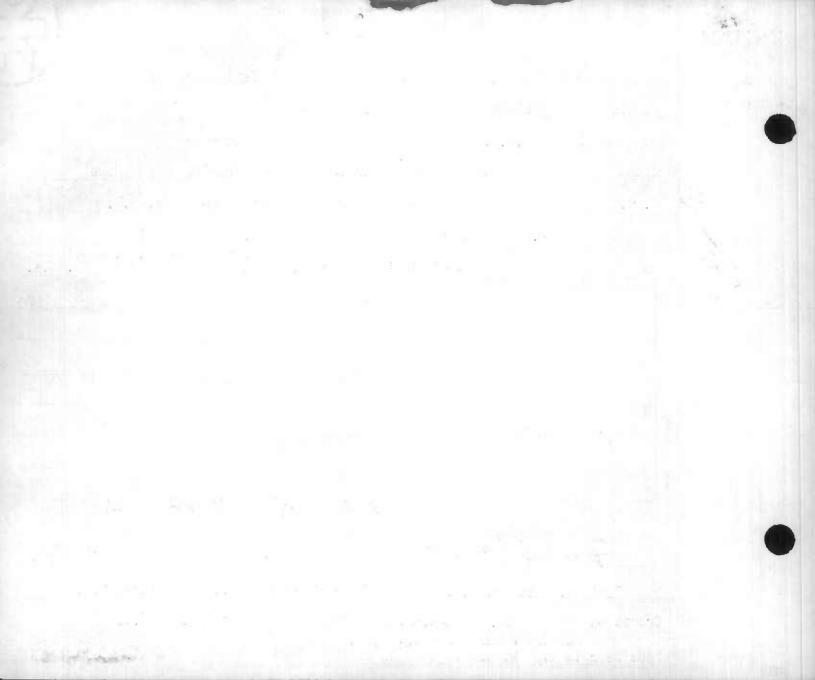
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Washington, D.C.

STATE

DIRECTOR PHYSICIAN

10620 Georgia Ave., Kensington, M.D.



STATE OF MARYLAND

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frotesta, mathine madedate

Possible D. Common, M. J. 9020 Vid Representation No. et J. M. 20814

mudel 9/30/85 (rie of Tonyon Cac. thron omine, MD . one bit fawler's done, inc. part of the state, as a state DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO	2	6	0	1	
				T-	_

REGISTRAR		4411111	TEATE OF PEATE	REG. NO	D.		
DECEASED NAME FIRST	MIDDLE	l	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
Ange	la	Anth	ony	Septemb	er 6.	1985	4PM A
SEX	4 RACE	5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIR		F UNDER YEAR	
Female	White_	June	0 - 0	. 87	YRS.	ONINS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8		9 BALTIMORE CITY O	1000	OF DEATH	
Greece	U.S.A.		D NEVER MARRIED	Montgome	- WIF		
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWE		120 USUAL OCCUPATI		12h KIND C	OF BUSINESS OR
/	LIF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS]		(TYPE OF WORK FOR MOST O		INDUSTRY	
Bethesda SUAL RESIDENCE (IF NURSING MOME OR	4520 Harling			Teacher		School	
STATE 136 COUN		WN		3620 Conn	ZIP CODE ecticu	t Ave,	NW/2000
FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM				
George	Pappanasts	ist an	Efrosene	WIDDLE	F	appage	orgiou
WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		17. INFORMANT	4590		ng Lan	
(YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATEST	4487	Effie P. Leva			_	0814
Conditions, if any, which gave rise to immediate couse to stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE TO TO THE PROPERTY OF THE						
	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	OITION GIVE	N IN PART I	a
190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FIND	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				YES T NOT	YES	_	S OF DEATH?
OR CONTRACTOR CALLES OF OR	HOUR A.M. MONTH		21c. HOW INJURY OCCURR		TY IN ITEM TO PAI	RT I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER		19	211. LOCATION				
(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e, PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE.	FARM ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
220.1 certify that (I) (this heap- saw, the deceased alive an	Sept. 6, 19	June	nd that in (my) (50r) apinian d	toSept.	6 , 19		that (II (we) last
224 SICALATURE C	THEW the body diger deline.	1	DECREE			Tes. 5 424	AND LESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

MATTENDING MEDICAL STAFF

Stuart Ross, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE

5100 WT Ave. NW Wash., DC 20016 23c. NAME OF CEMETERY OR CREMATORY

Burial 9/9/85 Glenwood Cemetery 4 FUNERAL DIRECTOR Joseph Gawler's Solls, Inc.

5130 Wisconsin Ave, NW, Wasnington, D.C. 20016

Washington, D.C. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JAMES SEP. 1986

(VRA 15, 4)

DHMH - 16 60M 7/84

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017	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 3 5 2 6	5075
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	YEAR 26 HOUR
deorth		Kema) C.	Apple	9 20	8 85 5:53 pm
16	3 SE	X	4. RACE	S. DATE OF BIRTH	MC	FUNDER I YEAR IF UNDER 24 HRS
M.		lale	White	Feb. 24 1920	65 YRS	
(1)		COUNTRY	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
8		rth Carolina	U.S.A.	WIDOWED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
	C	OK TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
14	USU	AL RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	HOSPITAL	Retired	Steamfitter
15	13a. S Ma	ryland Mont	gomery 13c. CITY OR TOW	gton 138 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 4904 Druid Dr	rive 20895
KA	14 FA		WIDDLE LAST	15. MOTHER'S MAIDEN NAM	WE	LAST
EU		Wade	H. Apple	Fannie		Coble
1		VAS DECEASED EVER IN U.S. ARI	WAR OR DATES)		ADDRESS	
/	-	Yes WW	II 237-05		pple Same as	
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly one cause per line far (a), (b), on DBY F CAUSE (b) CERSE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ic evi		IMMEDIAT	2 2710 02 107			/ WEEK
		Conditions if now that	DUE TO, OR AS A CONSEQUI			2 MONTHS
		Canditions, if any, which gave rise to immediate couse (a), stating the	(6)			2 11001123
		underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(p
	ON N	PANCY	70 PENIA			
3	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
	E				YES NO YES	NO NO
4	-	21a ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	216 TIME OF INJURY HOUR A.M. MONTH D.	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
/	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	in	19		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
S B			al) attended the deceased from_	AUGUST 19 85	10 SEPT 28, 19	that (I) (we) last
		saw the deceased plive on, above, (I) (woulded) (did not	SEPT 27 19	est, and that in (my) (ear) opinion (death accurred on the date and hour o	and from the causes stated
		226. SIGNATURE	D .	DEGREE		22c. DATE SIGNED
1		staniel 1	osenthen		MEDICAL STAFF DIRECTOR PHYSICIAN	19/28/85
		22d. PHYSICIAN'S NAME (TYPE	PRINT	22e ADDRESS 1040	OO CONNECTICAT	
			SENBLUM		25, NGODN, MD	20895
	23a E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
		Burial	9/30/85 Pa	arklawn Mem.Park	Rockville	Maryland

Tyson Wheeler Funeral Home, Inc. 208520CT 2 1985

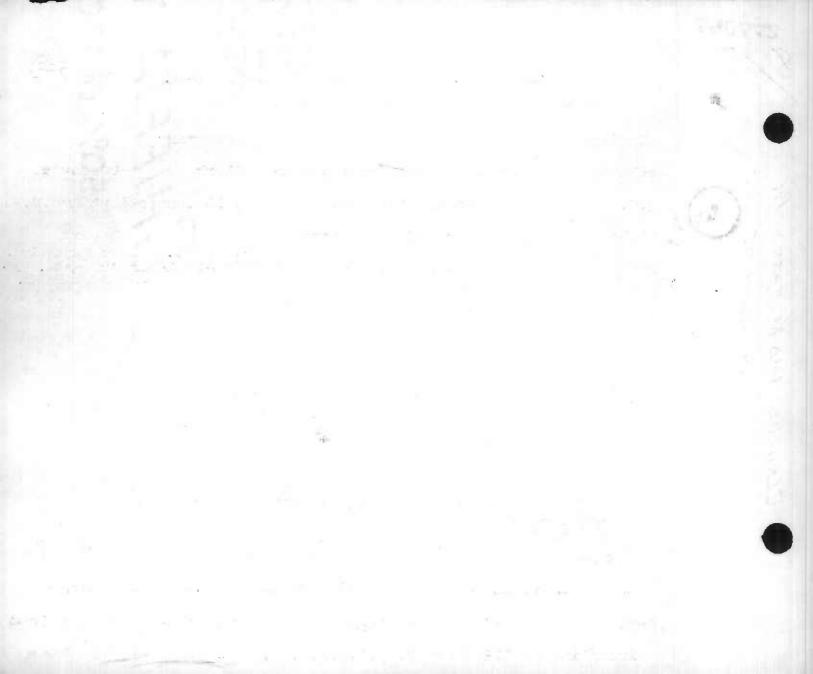
DHMH - 16 60M 7/84 (VRA 15, 4)

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Tion wheeler internation. And.
Ling hoperills fixe nonville. In. Luke and the second

04.00	_	FOR			DEPART	MENT OF H	E OF MAI			YGIENI					-,	,	
9100		STATE REGISTRAR		ME	DICAL	EXAMINE	R'S CER	RTIFIC	ATE O	FDEA	TH	REC	NO.	U	1	O	
7.	1. DEC	CEASED NAME OR PRINT)		daet	WIDDLE		A sem i de	200			OF	KNOW! ESTI- MATED			7/ 10		b. HOU
A DIRECTOR. YOUR FILES. N 72 HOURS JON STREET.	3. SEX		4. RACE	S. DATE OF BIRTH	A. YEAR	6. AGE (IN YEAR:		RIYR. I	F UNDER 2	4 HRS.	RONOU	E	Mi	91 ONTH	DAY	85 YEAR 3 ²	1 30h
KA J	7e BII	MALE RTHPLACE (S	WHITE	MAY 1.		17 YRS					DEA	MORE CI	TY OR C	9/		85 ATH	PA
WHINN WEST		WASH.		U.S.			MARRIED		DIVORCE	0 0		gome				00000000	M
DO RE FILED		Bethe	sda	11 NAME OF HO (IF NOT IN SUCH F Suburb	an Hos	spital		INSTITUTI	ON	FOR M		UPATION ORKING LIFE!		WORK 1	OR IN	OOL	NESS
36	USUA 13e Si		13b CC	OME OR OTHER INSTITUTION, COUNTY ONTO OMERY	13c. CITY	OR TOWN	134.	INSIDE CITY	Y LIMITS?	13. STRE 720		RESS BRENN	ION I	LA.	208	315	
15	14 FA	THER'S NAME FIRST KENN		MIDDLE	ARMITA	LAST AGE	15	FIR	S MAIDEN	NAME		MIDDLE A.			BLEE	7	
AND AND	16a V (YI		DEVER IN U.S.	. ARMED FORCES? GIVE WAR OR DATES)	166 SOC	-92-9132		INFÓRM			MTT A	ADDI				.,	3)
)	>	II CAUSE C	ATH WAS CA		e for (o), (b), ond (c).)			024 2	10 211	4.16.1.2	1010	DATE	J AU	APPR	OXIMATE IN N ONSET AP	TERVAL ND DEATH
HYGH		8151 Conditio	ns, if ony, w	DUE TO, O		ultiple NSEQUENCE OF		res	VA.	F			1				
NA NA			se to immed stating the un		RASACON	NSEQUENCE OF											
127		lying cat		00210,0	K AS A COI	132 4021102 01											
MATION,	7	lying cas	ise last.	(c)				CONDITION	GIVEN IN PART	T 1 (e).			1			9	
F HEALTH AND ME AL, CREMATION	CATION	PART 2 OTHER SE	ise last.	(c)	N SUT NOT RELA		IAL OISEASE OR			T 1 (a),					20 AU	TOPSY?	
A. F.	CERTIFICATION	PARI 2 OINIR SI 190. DATE OF	GNIFICANI CONDIT	TIONS CONTRIBUTING TO OFAIN 196 COND S 216. TIME C	N BUT NOT RELA	WHICH OPERA	TION WAS	PERFORM	NED?) (ENTER N					YES		NO [X]
A F E		Jying could be a series of the	OPERATION AL CAUSE WAS OPERATION AL CAUSE WAS	19b COND	N BUT NOT RELA	WHICH OPERA	TION WAS I	PERFORM INJURY C ject	NED?) (ENTER N	of a	auto/			YES		
ATE DEPARTMENT OF HE	MEDICAL CERTIFICATION	Jying could be a series of the	OPERATION AL CAUSE WAS OR OR OR OR OR OR OR OR OR O	19b COND	UTION FOR 2 P.M. DF INJURY M. MONTH	WHICH OPERA YEAR 19 8! (AT HOME,	TION WAS	perform ject jon teast	ned? Occurred Occur	o newtern pant t Hig	of a	auto/	/fixe	ed o	yES bjec	et im	
AGE 3 SHOULD BE USED ATE DEPARTMENT OF HE ATE PRIOR TO BURIAL,		Iying coursely and a second se	OPERATION AL CAUSE WAS OF OR OF O	19b COND	N BUT NOT RELA 2 P. M. DF INJURY M. MONTH OF INJURY CTORY, FARM, E escribed above	WHICH OPERA DAY YEAR 19 (AT HOME, WAY ave, held an	TION WAS 21c. HOW Sub 21l. LOCAT STREE 4242 Autopsy	perform ject jon teast	occup	pant Hic	of a	own y, Be	fixe	ed o	bjec Md.	et im	pac
AGE 3 SHOULD BE USED ATE DEPARTMENT OF HE ATE PRIOR TO BURIAL,		Iying course of PARI 2 OlNIR SI 190. DATE OF 210. EXTERNA UNDERLY INC CONTRIBUTI 21d. INJURY CO WHILE AT WORK 220. Leerti death result	OPERATION AL CAUSE WAS OF OR OF O	(c) 19b COND 1	N BUT NOT RELA 2 P. M. DF INJURY M. MONTH OF INJURY CTORY, FARM, TOAD	WHICH OPERA DAY YEAR 19 (AT HOME, WAY ave, held an	TION WAS 1216. HOW 5 SUB 12111. LOCAT 1 STREE 4242 Autopsy ide	PERFORM INJURY C JECT TON East Hamicic	OCCURRED OCCUR -West Inspection de	Dant Hick	of a	own y, Be y	fixe	ed o	yES bjec Md.	ct im	STATE
AGE 3 SHOULD BE USED ATE DEPARTMENT OF HE ATE PRIOR TO BURIAL,		Iying course of PARI 2 OlNIR SI 190. DATE OF 210. EXTERNA UNDERLY INC CONTRIBUTI 21d. INJURY CO WHILE AT WORK 220. I certic death result ACTUAL SIGNATURE. EXAMINER'S	OPERATION AL CAUSE WAS OPERATION OPERATI	S 21b. TIME C HOUR A./ OF DEATH 21e PLACE STREET, FAI	N BUT NOT RELA	WHICH OPERA WHICH OPERA YEAR 19 8! (AT HOME, ETC.) WAY ave, held an X. Suici	21c. HOW 5 SUD 211. LOCAT STREE 4242 Autopsy ide	PERFORM INJURY (ject ION East Hamicia TITLE (SPI ASSI	OCCURRED OCCUR -West Inspection de , ECIFY)	Dant Hickory Undete	of a	own y, Be y nanner [fixe	ed o	yES bjec Md.	et im	STATE
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STATE OF MARYLAND 277067 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME PE OR PRINTS Edith Avers 4 RACE 5 DATE OF BIRTH MONTH HOURS Female White 22 1893 92 June 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED Indiana USA Montgomery WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIYPE OF WORK FOR MOST OF WORKING LIFET US Gov't. Bethesda Carriage Hill Nursing Home Clerk USUAL RESIDENCE (IF NURS NO HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION N36 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 5420 Connecticut Ave N.W. D.C. Washington YESTX EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Alpha Shackelford Clara Rogers 330°PDSSS Leisure World Blvd. 17 INFORMANT (Iriend) MAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Eleanor Bohlayer-G-1 Silver Spring, Md. 20904 7078 None BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for use, the gradice PART I. DEATH WAS CAUSED BY. unnedtals IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGN, ICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21L LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) 27s. I certify that (i) (this hospital) attac and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 77d. PHYSICIAN'S NAME LTYPE OR PRINTS 3301 New Mexico Ave., NW Washington, DC Charles T. Duvall, MD 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Ft.Lincoln Mausoleum Brentwood PG Maryland .0/3/85 Burial 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Hines/Rinaldi 11800 New Hamp. Ave. S. S. MdQC Julia Davidson (VRA 15, 4)



STATE OF MARYLAND

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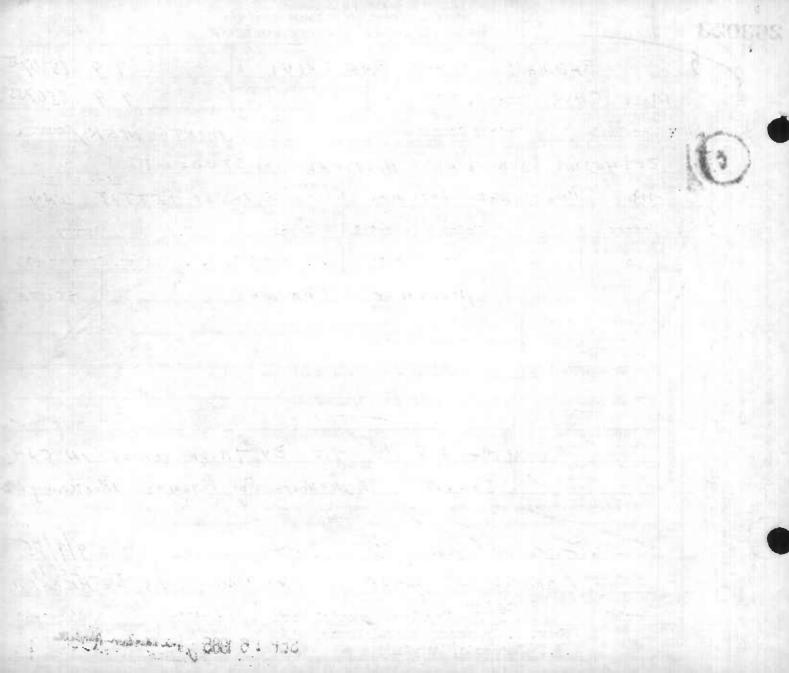
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STATE OF MARYLAND - FOR TMENT OF HEALTH AND MENTAL HYGIENE 263023 20 DATE KNOWN LYTTE OF PRINTS ESTI DEATH MATED Hadaegh DATE RONOUNCED March 6, 1972 13 VPG DEAD MARRIED NEVER MARRIED CREION COUNTRY Maryland United States WIDOWED [DIVORCED IL CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION STUDEN Zip: 20854 3a STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MONTGOMERY POTOMAC NO X A FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hadaegh Bahraini Nasser Joyce Murray MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT N.H. Bahraini, M.D., Father, Same as 215-98-1912 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: RAUMA ACOTE IMMEDIATE CAUSE (a). Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO T 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 211 LOCATION AT WORK AT WORK 22e. I certify that I took charge of the remains described above, held an Natural causes Hamicide Undetermined manner SIGNED EXAMINER'S NAME TYPE OR PRINT September 14 1985 23a. BURIAL, CREMATION, REMOVAL Burial Parklawn Memorial Park 07/84 Rockville Maryland 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) Bethesda, Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 259120 - STATE REGISTRAB DECEASED NAME 20 DATE KNOWN TIMES OF SEPTI 3 OF DEATH MATED SEX DATE OF BIRTH IF UNDER 24 HRS DATE MONTH YEAR LASTIBIRTHDAY PRONOUNCED DEAD TO BIRTHPLACE (STATE OR b. CITIZEN OF COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED KIND OF KLISINESS TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 4 FATHER'S NAME 15, MOTHER'S MAIDEN NAME MIDDLE FIRST 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A P CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? USED 20 AUTOPSY? DEPARTMENT OF YES [] NO X BE 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WARDED TO THE PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM FTC 1 STREET STATE WHILE CITY OR TOWN COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PV AFTER DEATH, WITH THE STABLE BALFIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy and in my apinian Natural causes death resulted from: Accident Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE. EXAMINER'S NAME TYPE OR PRINT) **ADDRESS** BORTAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 07/84 25M 256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5))

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1 31 /		Howard	A. Bakerman			09/11/85		12:120
	3 SE		4. RACE	5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YE	
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8 31/16	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9	BALTIMORE CITY OF	COUNTY OF DEATH	1
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# #3/ #/		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	ADDRESS)		20 USUAL OCCUPATION	WORKING LIFE) INDUST	
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and co		WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE	WED FORCES? 166. SOCIAL SEC WAR OR DATES) 060-14-			man 3575	Sarasota S. Schoo	
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0	H 5	DATE OF OFERATION	The CONDITION TOR WINCE	TOTEKATION WASTEKI	OKMED		IN CERTIFYING CAU	ISES OF DEATH?
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5 5 5 3 3	230	BURIAL, GREMATION, REMOVAL		NAME OF CEMETERY OF	RCREMATORY	23d. LOCATION	COUNTY	MS
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DHMH - 16 50M 4/83	- 24 F	UNERAL DIRECTOR	18000	5 missouri	ALE 250 DATE	REC'D. BY REGISTRAR 2	ISE REGISTRAR'S SIGN	NATURE
(VRA 15, 4)	V	OLUMBIA MORTUA	464 SEDVICES NO	N WASH.D.	C. OEP	16.1988	Sellie Rushing	

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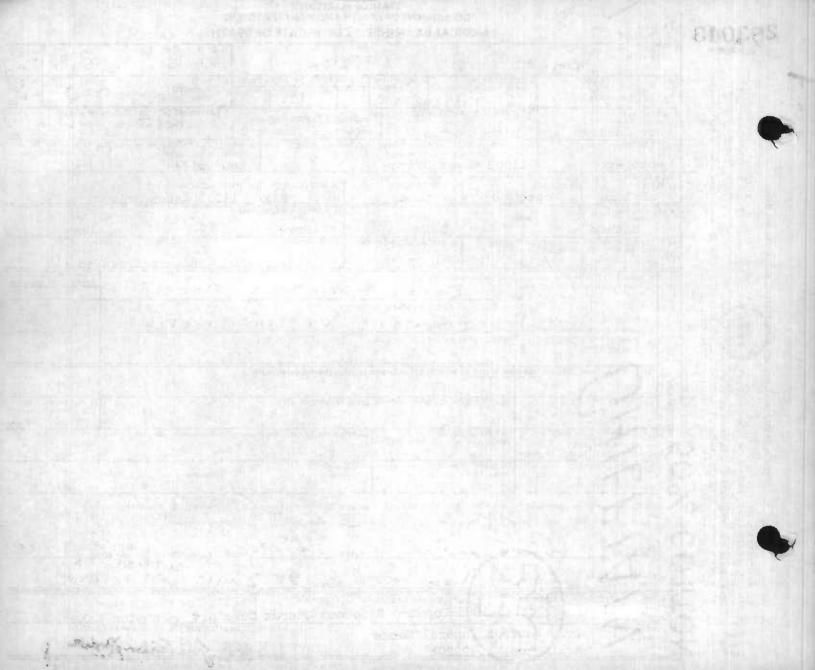
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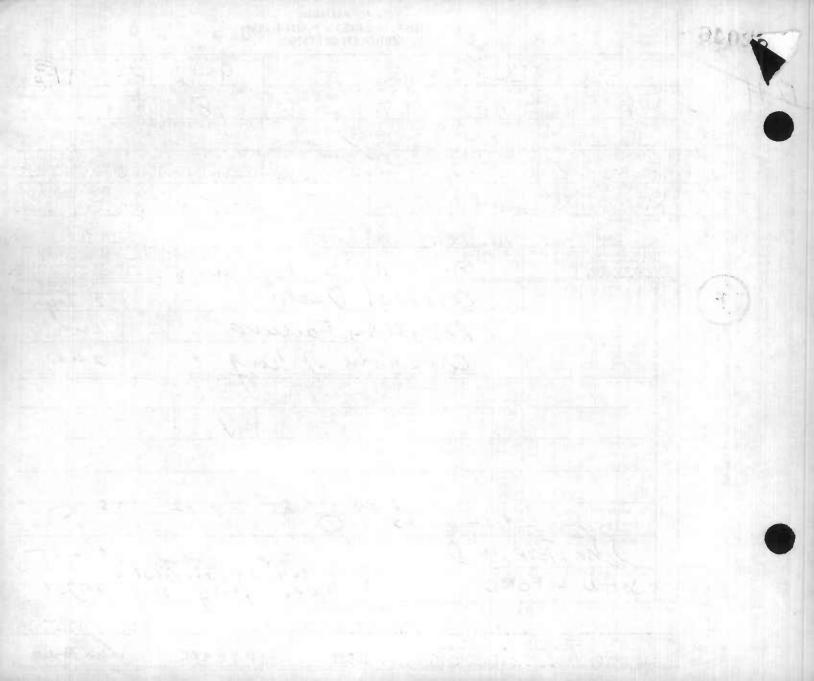
HYSONG CO., INC-1300-N ST., NW WASH., DC

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 283043 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-NOOK DONNES DEATH MATED 1. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS DATE DAY 2d. HOUR YEAR LAST BIRTHDAY) MONTHS DAYS PRONOUNCED 94 YRS DEAD PRI 19 O BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH LOUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) New Jersey WIDOWEDXX DIVORCED United States IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Potomac 11503 Karen Drive Housewife Home ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 138. STREET ADDRESS NXXX Maryland Montgomery Potomac 11503 Karen Drive 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE LAST Mathew Dalv Mary Hart Ma. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 058 22 4888 Ernest Dalv same address as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which arteriosclero Els gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO hely 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME WISCONSIN (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Oct. 3,1985 Popmton Reformed Church Cemetery Burial BP Pompton Lakes. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ives-Pearson Funeral Homes **DHMH - 17** NAME (VR A15 ME (5)) Arlington, Va. 22201 15M 7/77

STATE OF MARYLAND





Homes, P.A. Rockville, Maryland

Grine Lividson-Gandalle

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REG. NO REGISTRAR DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED DATE LAST BIRTHDAY) MONTHS PRONOUNCED DEAD emale 2, 1895 Cauc. 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Czechoslovakia United States Montgomery County DIVORCED 128 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Rockville Seamstress Clothing 20879 Montgomery Gaithersburg No 130 STREET ADDRESS 20079 Maryland & FATHER'S NAME 15 MOTHER'S MAIDEN NAME Not available Maklik Available Not 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 139-20-7916A Richard Bartik, same as #13 No 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL Cardio Respiratory A BURIAL - TRANSII - HAND MENTAL HYGIEN Canditians, if any, which Cervical gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in ED AS A I 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? ARDED TO THE CHIE AGE 3 SHOUTD BE US DEPARTMENT OF OR YO YES 🗌 NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 27,085 CONTRIBUTING CAUSE OF DEATH 115 PM. 21 LOCATIONS & I 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE hetstone Autapsy 220. I certify that I taak charge of the remains described above, held an Hamicide ... Undetermined manner TITLE (SPECIFY DATE SIGNATURE EXAMINER'S NAME WISCONSIN 23d. LOCATION Oct. Cresthaven Mem. Park Clifton, New Jersey 07/84 14 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 150 REGISTRAR'S SIGNAPURELLES **DHMH - 17** Homes, P.A. Rockville, Maryland 20850 (VR A15 ME (5))

STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

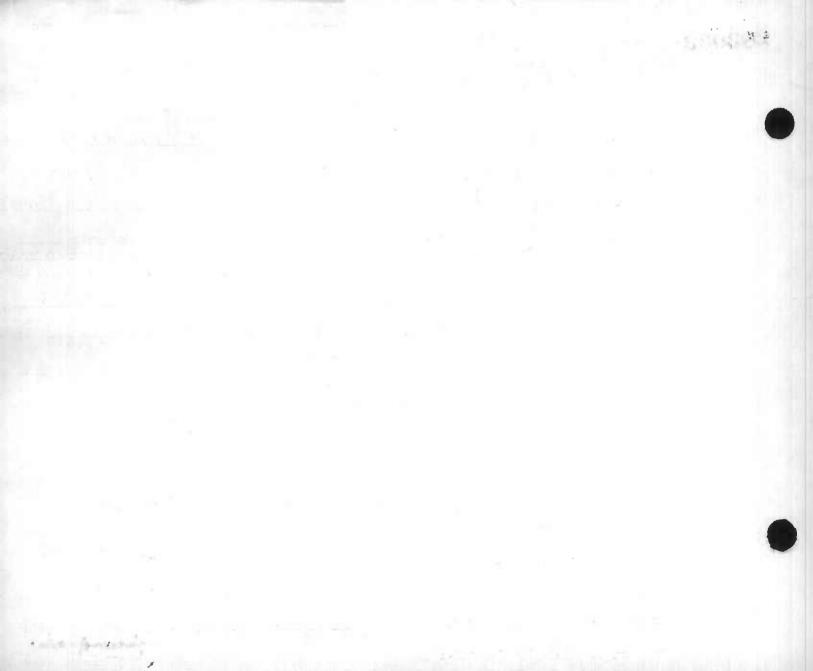
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4 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE			LAST	7	
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	YES, NO OR UNKNOW	WW (IF YES, C	IVE WAR OR DATES)	214-01-96	699	MAXINE M. BE	ANE (SAME A	S 13	e)			
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(VRA 15, 4)

24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES P/A 250 DATE REC'D BY REGISTRAR' 250 REGISTRAR'S SIGNATURE 300 W. MONTGOMERY AVE., ROCKVILLE, MARYLAND SFP 1 0 1005

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7 9	F 2 3 5 1	23a B	URIAL, CREMATION,	REMOVAL	236 DATE	23c.	NAME OF CE	METERY OR CI	REMATORY	250. LOCATIO	N		

23c. NAME OF CEMETERY OR CREMATORY

BURTONSVILLE UNION

20879

BURTONSVILLE

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BY REGISTRAR 250 REGISTBAR'S SIGNATURE
HILLA Davidson-Randsee

MD.

236 DATE

SEPT.20,1985

LAYTONSVITE, MD.

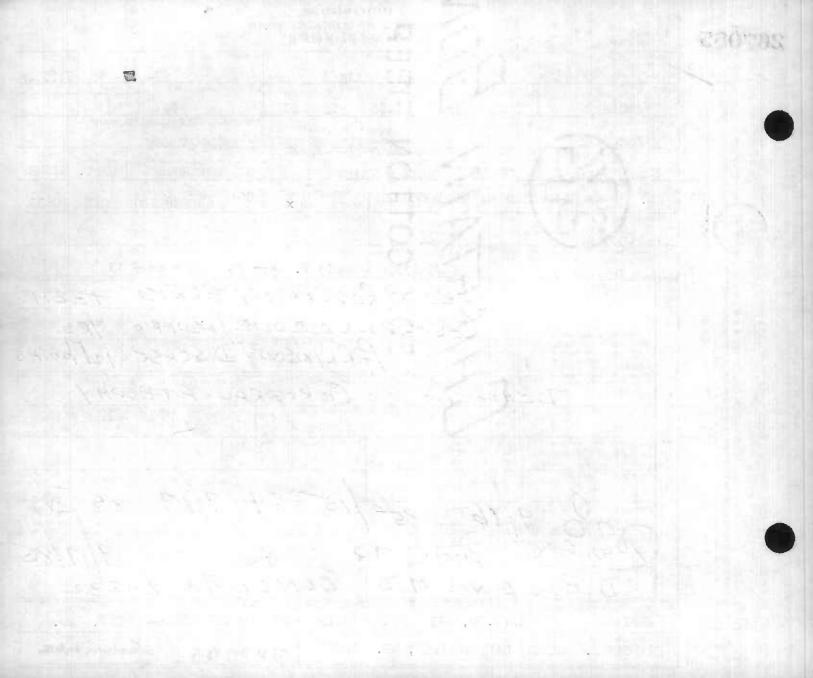
DHMH - 16 60M 7/84 (VRA 15, 4)

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BURIAL

24 FUNERAL DIRECTOR

FRANCIS H. BARBER



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HOMES, P.A., BETHESDA, MARYLAND

(VRA 15, 4)

OSDASS. 7-100 Level to the Director alood IV it mayor.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE, - STATE 276008 CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME [TYPE OR PRINTS ASRIEL BERRY 28,1985 SEPTEMBER 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 3 SEX MALE WHITE DECEMBER 15.1893 91 BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED RUSSTA U.S.A. MONTGOMERY COUNTY WIDOWEDYY DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 8977 WHITNEY STREET PRODUCE SILVER SPRING 20902 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MARYLAND MARYLAND 1111 UNIVERSITY BOULEVARD WEST 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME YAAKOURST ROCHET MARGOULES 160 WAS DECEASED EVER IN U.S ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NOES, NO OR UNKNOWN 577-48-1337 REBECCA REIDINGER. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY OSTATIC CARCINOWA WITH METASTASIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 214 INJURY OCCURRED TIE PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE NOW. 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) apinion death accurred on the date and how and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN ADDIRECTOR PHYSICIAN 9/28/1985 774 PHYSICIAN'S NAME LITYPE OF PRINTS 22e. ADDRESS 2201 L STREET. N. W. DR. JACK RHEINGOLD, M. D. WASHINGTON. D. C. 231. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23b. DATE BURTAL MOUNT LEBANON CEMETERY DONALD MITOSTEIN HEBREW MEMORIAL FUNERAL HOME DHMH - 16 50M 4/83 232 CARROLL STREET, N. W. WASHINGTON, D. C. (VRA 15, 4)

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UNIV. BLVD. W. SILVER SPRING MD. 20901

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 275162 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH Bigley I. DECEASED NAME Celia 2b HOUR (TYPE OR PRINT) & AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER TYEAR IF UNDER 24 HRS MONTH White 1892 O. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN MARRIED NEVER MARRIED USA ONTGOMERY New York WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Homemaker Own Home SILVER SPRING SUAL RESIDENCE (IF NURSING DONE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

18 STATE 130 COUNTY 130 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 136 INSIDE CITY LIMITS? 1609 Buchanan St., NE/20017 Washington, DC 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE FIRST Dardis Bonner Mary James 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Janet McIntyre, 3318 Upland Ter., NW, Wash., DC 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IN Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 TIME OF INJURY 21c. HOW INJURY OCCURRED 710. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY TH LOCATION CITY OF TOWN COUNTY STATE LAT HOME STREET, FACTORY OFFICE, FARM ETC NOT WHILE 220.1 certify that (1) (this hospital) amonded the saw the deceased alive an_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE PHYSICIAN D / MEDICAL DIRECTOR PHYSICIAN 731 NAME OF CEMETERY OR CREMAT 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Ft. Lincoln Cemetery Brentwood, 24 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc. DHMH - 16 60M 7/B4 5130 Wisconsin Ave., NW, Washington, D.C. 20016 (VRA 15, 4)

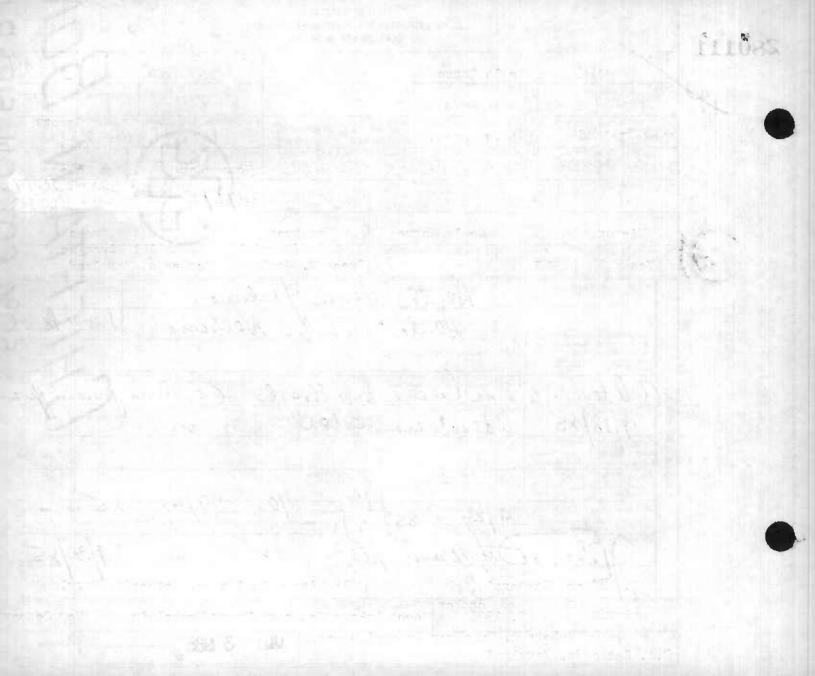
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF DEATH	0 0	REG. NO.				
		CEASED NAME OR PRINT) RAN	DOLPH		AIDDLE	BOWLES	LAST	26. DATE OF D		29,		26 HOUR 3:30	A
Z.	3 SE)	MALE		4 RACE WHITE			OF BIRTH NE 9 PAY 1929 AR	6 AGE (IN YEAR		YRS.	UNDER I YEAR	HOURS A	HRS WIN.
2		RIHPLACE (STATEORE VIRGINIA		76 CITIZEN OF		MARRIE			CITY OR CO		DEATH		MD,
		YTONSVILLE					VILLE RD.	NURSERY		KING LIFE)	12b. KIND O	F BUSINESS ERY	OR
	USUA 130. S	AL RESIDENCE (IF NURS)	13 MON			NSVILLE	13d. Inside City Limits? Yes 📉 no 🗌	130 879 90	oeney-	-LAYT	ONSVI	LLE ₇ BD).
		OBERT	-	MIDDLE	BOWL	ES	IDA FIRST		MIDDLE	C	LARKIAS	,τ	
	16a V	NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)		SECURITY NO. 30-9291	DORIS M. B	OWLES SA	ADDRESS ME AS	# 13			
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)									BETWEEN	IMATÉ INTERVAL ONSET AND DE	ATH
	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS			RAS ACON	SEQUENCE OF MA	lastates	Paneres RMINAL DISEASE C	tis CONDITIO	IN GIVEN	ENT IN PART III	0.	_
1	CERTIFICATION	19a. DATE OF OPERAT	NOI	19b. CONDI	196. CONDITION FOR WHICH OPERATION WAS			20g AUTOPS	20b. IN C	IF YES, W CERTIFYIN YES		NGS USED OF DEATH?	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		TH HOUR A.	W. MONTH	H DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATUR	e of injury in iti	EM 18 PART	OR PART 2)		
	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR		21e, PLACE ((AT HOME, STR		OFFICE, FARM, ETC }	211 LOCATION STREET		eity or town		COUNTY	STATE	E
		220-1 certify that (1) (this haspital) attended the deceased from \$5.5., 19, ta \$7.2.7.5., 19, that (1) (we) last saw the deceased alive an \$7.5.5.5.19 and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the back after death.											
		276 SIGNATURE	4	Wang	war	1/2 .	ATTENDING PHYSICIAN		STAFF PHYSICIAN [Sept	.30,19	985
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	1	BURIAL, CREMATION,	REMOVAL	OCT.1,	1985		EMETERY OR CREMATORY	LAÝTÔ			font.	MD. STAN	
	FF FF	RANGIS H. E	ARBEI	R LAYTO	NSVIL	LE, MD.	20879	ATE REC'D. BY REG		EGISTRAF	e's signat	URE	

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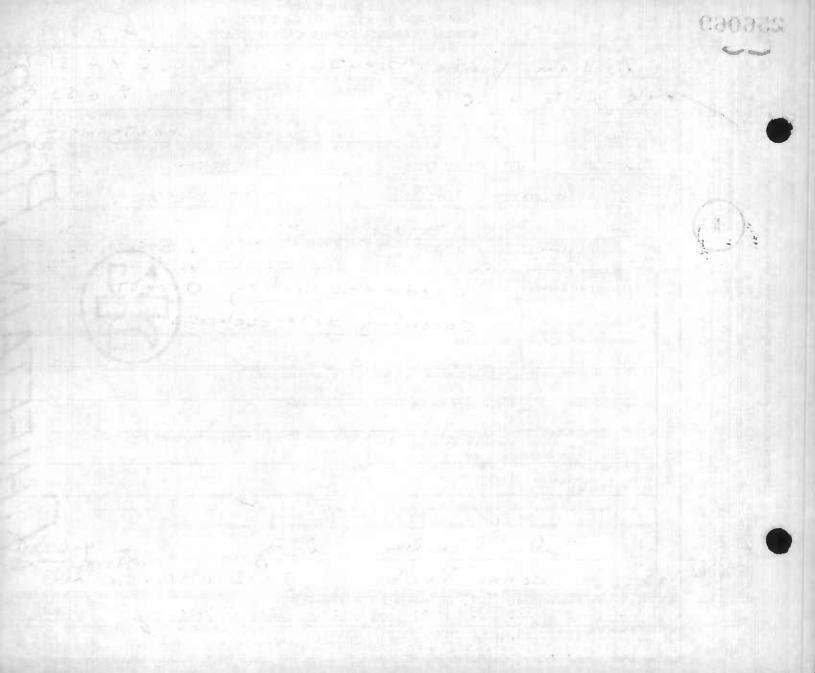
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 256069 FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN (TYPE OR PRINT ESTI-DEATH MATED Danca 10 m SEX IF UNDER 24 HRS DATE PRONOUNCED 20 41/2 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH County, To BIRTHPLACE (STATE OR MARRIED IN NEVER MARRIED FOREIGN COUNTRY! United States DIVORCED WIDOWED . Kansas 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BULLYESS OR INDUSTRY Bethesda 9314 Cedar Lane Soldier U.S. Army JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 9314 Cedar Lane BALTIMORE, MD. 2120 Bethesda Montgomery 20814 Maryland NOX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Breyfogle Nellie Vance Homer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO William V. Breyfogle, Jr., Son, (YES, NO, OR UNKNOWN) Vietnam 496 07 4750 5810 West Wells St., Milwaukee, Wisc. Koreá 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF arterosclerosis Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ARRITING THE CHIEF MELLIARDED TO THE CHIEF MELLIARDED AS A AGE 3 SHOULD BE USED AS A TATE DEPARTMENT OF HEALTH 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (ATHOME. 21f. LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTMORE, MARYTAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an and in my opinion death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME WISCONSIN TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE SEDT. 23d. LOCATION Arlington National Cemetery Buria1 Virginia Arlington 07/84 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 william frances (VR A15 ME (5)) Bethesda, Maryland



	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DAD	CERTIFICATE OF DEATH

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ector po	3 SE	MALE	4 RACE	AUC.	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	YRS.	IF UNDER 24 HRS
deoth Pounterol dir		RTHPLACE (STATE OR FOREIGN COUNTRY) ASH D.C.	76 CITIZEN O	SA	MARRII WIDOW		9 BALTIMORE CITY OR C	OUNTY OF DEATH	MD
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u ad be	130.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		13c CITY OR TOV		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI		209
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S. Poper			RMED FORCES? VE WAR OR DATES) U TT			DAVID BRINKS	ADDRESS GIFN 1	BURNIE MD	EA COURT 21061 WIMATE INTERVAL LONSET AND DEATH
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een signe it Then p ior to bur ny injury.	ATION	PART 2 OTHER SIGNIFICANT				T NOT RELATED TO THE TERM		ON GIVEN IN PART I	
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tending physicians this certifically the buriol-trought and Mental Hybertol	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	ATH HOUR .		AY YEAR 19	211 LOCATION	CITY OR TOWN	COUNTY	STATE
TENDING or of or off or use os fl of Heoliho		27a.1 certify that (I) (the hope sow the deceased alive o	SEPT	20 196	2-1-	nd that in (my) (our) opinion	death occurred on the date of	nnd haur and from the	that (1) (we) lost
by the hosp by the hosp HERAL DIRECT be defoched to Stote Dept of ANT: If them 2		obove, (I) (we (did) (which the ATURE	. Bu	worter death.	Com	DEGREE ATTENDING PHYSICIAN		22c. DATE	SIGNED
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BP		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	236 DATE 9/24/			HEAVEN	SILVER SPR	ING MO	NT MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

FRANCIS J. COLLINSDORESS 500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

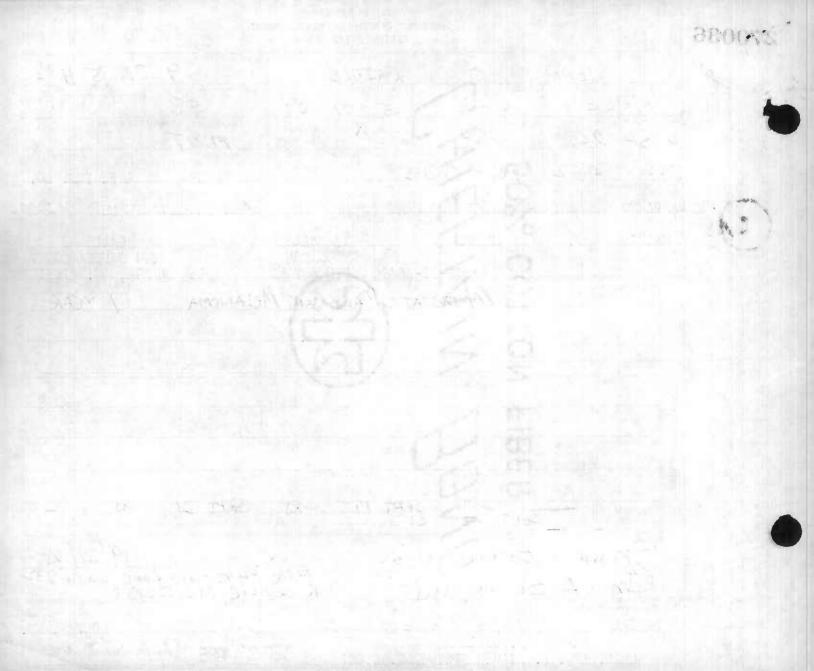
GATE OF HEAVEN

MD

SILVER SPRING MONT

1750 DATE REC'D BY REGISTRAR 25 REGISTRAR'S SIGNATURE

SEP 25 1985 Fulia Davidson Rindare



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.		

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Supplement tilled in by the furnish director, page 3	the shaple be take within 72 hours ofter death	111	
AL DIRECTOR After this certificate has been signed by the ottending physical and compiler that the time of the enter, page 3	etached for use as the burial-transit permit. Then please remove carbangattin Port	te Dept of Health and Mental Hygiene prior to burial, cremation, or removal	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

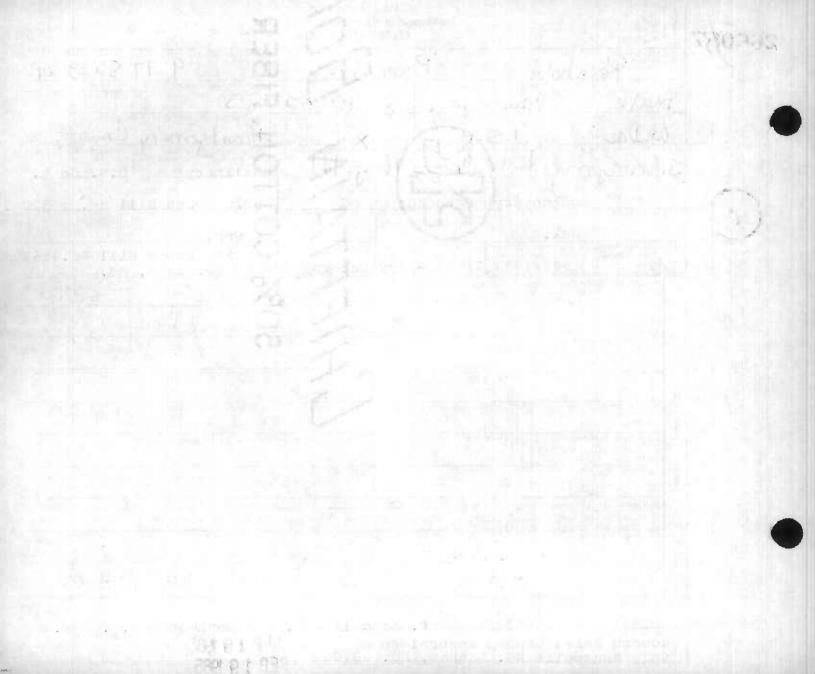
	TO FUNERAL DIRECTOR After this certificate has been signed by the ottending phy contemporary lilled to	Ź	1	MAPORTANT: If hem 21 is marked or them 18 shaws any injury, or other traumatic event the Left of the second
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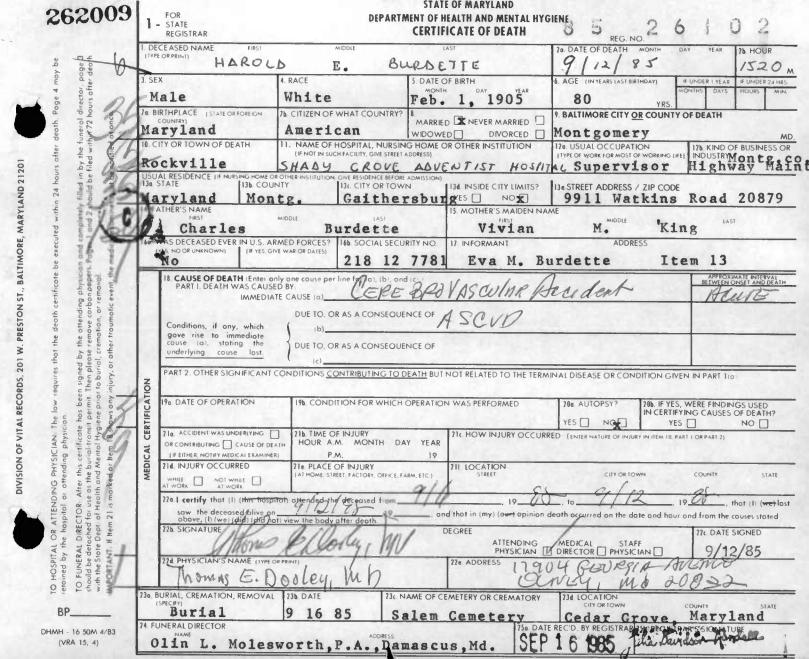
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	e. 0	0 0
DECEASED NAME FIRS		LAST	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR
I	NORWOOD JOSEPH BROW	WN	SEPTEMBER 3	1985	6:00 PM
SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
MALE	CAUCASIAN	SEPTEMBER 4 19	19 65	YRS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGH	N 76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
PENNSYLVANIA	UNITED STATES	WIDOWED DIVORCED			MD.
CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
BETHESDA	NAVAL HO	OSPITAL	RETIRED	U.S.A	.F.
	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR		S? 13e STREET ADDRESS / ZIP	/11	1444
	AIRFAX MCLEA		1819 BRTAR R		22101
FATHER'S NAME		15. MOTHER'S MAIDEN	NAME		
NORBERT .	IOSEPH BROWN	FIRST	THOTE VOUN	LAS	1
WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCIAL SECT	URITY NO. 17 INFORMANT	LUCIE KOHN ADDRESS		
	(ES, GIVE WAR OR DATES) 1940–1966 163–12–	1/06 DODOTHY C I	BROWN, 1819 BRIAR	DIDGE GOU	ma
	ter only one couse per line for (a), (b), or	1/02 - 112			MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS C.	AUSED BY		/A 22101	BEIWEEN	INSET AND DEATH
IMM		TORY FAILURE			
	DUE TO, OR AS A CONSEOU				
Conditions, if any, which		US CELL CARCINOM	A OF THE LUNG		
couse (a), stating th	he DUE TO, OR AS A CONSEQU	JENCE OF			
underlying couse los	(c)	7 10 10 10 10 10			
	ANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART IN	0
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190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		. IF YES, WERE FINDIN CERTIFYING CAUSES	
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OR CONTRIBUTING CAUSE	OFDEATH	19			
OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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	haspital) attended the deceased from	AUGUST 20 19 8	SEPTEMBE	R 3 ₁₉ 85	that (I) (we) lost
sow the deceased ali	ve on SEPTEMBER 3 19 8	ond that in (my) (our) api	nion death accurred on the date a	nd hour and from the	couses stated
Obove, (I) (we) (didy(d	did not) view the body ofter deoth.	DEGREE		22c DATE	SIGNED
1 Vanon	all war and		IG MEDICAL STAFF		ne
THE PHYSICIAN'S NAME	1 JAMARIL 40				82
/		MAY	AL HOSPITAL, NA	VAL MEDICA	L COMMAN
J. M. GIIII			CAPITAL REGION, B	ETHESDA, MD	20814
30 BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATO	CITY OR TOWN	_ COUNTY	STATE
Burial	9/9/85 A1	rlington Natio	nal	Arlingto	n VÄ.
FUNERAL DIRECTOR	3 W (4510 W)	1 can D1-13 250	DATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATI	URE

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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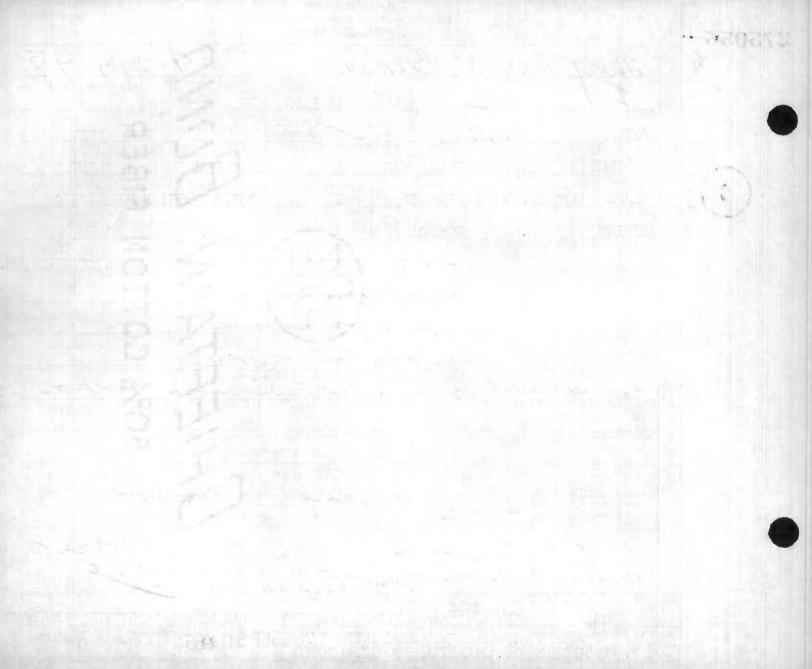


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STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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	1 -	FOR STATE REGISTRAR			DEPARTN		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	2 6	1 1	0 4
	I. DEC	DECEASED NAME FIRST MIDDLE					LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HO			26 HOUR
	I DYPE A		Roy	Ra	lston	Bush	nart.	19/23/8	75		LITA "
	3 SEX			4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
1	М	Male White			July		73	YRS	NIHS DAYS	HOURS MIN.	
ı		THPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	В	M	9 BALTIMORE CITY		F DEATH	
		atur,Illi	nois	United	States	WIDOW	ED NEVER MARRIED DIVORCED	Montgo	memr		MD
		Y OR TOWN OF DE		11. NAME OF		G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND OF	F BUSINESS OR
	Be	thesda			rban Hosp					I.A.D.	. Board
7	USUAL 13g ST	RESIDENCE (IF NUR	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					
ř.		yland		gomery	Chevy Ch		13d. INSIDE CITY LIMITS?	7406-Ridge		venue	20815
-		HER'S NAME				ase	15. MOTHER'S MAIDEN NA	ME	WOOd A	venue	2001)
l		Roy		MIDDLE	Bushart		Bessie	WIDDLE		LAST Do Tod	
-	160 W/	AS DECEASED EVER	R IN U.S. AR	MED FORCES?	16b SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS	Rals	CON
Н	CAE	5 NO OR UNKNOWN)		E WAR OR DATES)			A 10 70 1	. /		H = -	
					577-40-1		Anne K. Busha	rt(Wife) S	ame as	#13	
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		cause (a), stati	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF			0		
		underlying cousi	e last	(c)							
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
4	CERTIFICATION	mulsp		ateril C		face		ortic sten			
7	CA	90 DATE OF OPERA	MOIT	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED
	17.16							YES NO	YES		NO NO
Ś		210 ACCIDENT WAS UN		110010	OF INJURY .M. MONTH DA	V VEAD	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
e	3	OR CONTRIBUTING		1111	M.	19					
H	141	21d INJURY OCCUR			OF INJURY		211 LOCATION	CITY OR TO	1476-1	COUNTY	STATE
	ξ.	WHILE NOT W	HILE D	(AT HOME ST	REET FACTORY OFFICE FA	ARM ETC 1	SIKEET	CITY OR IC	W/14	COONIT	STATE
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		the decease (we)	alive on	SEPT.	22 19	75 . 0	nd that in (my) aur) apinian	death occurred an the d	ate and hour o		
	1	The SIGNATURE	didyldid no	t) view the body	ofter death.		DEGREE			22c DATES	IGNED
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H		22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)		-	122e ADDRESS	DIRECTOR PHYSIC		11/4.	7/04
H		WILLIAM	1.4	SILVER	man		6111 EXEUM	IVE BLVD, 1	ZOCKU	UE, M	0
	23n BU	JRIAL, CREMATION				AME OF C	EMETERY OR CREMATORY	123d LOCATION			
	(56	PEC IFY)	, KEMOTAL					CITY OR TOWN		COUNTY	STATE
	-	emation VERAL DIRECTOR		Sept.2	+,1905 Le	e s	Crematory	Washingto E REC'D. BY REGISTRAR			
	4 101	AFWAF DIKECTOK					230. DAII	L REC D. BT REGISTRAK	TOB KEGISTRA	K 2 SIGNATU	JKE .

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

IMPORTANT. IF H

J.Wm.Lee's Sons Co.300-4th St., NE, Wash., DC20002

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Setherda Suburban Mospitel Ret. Linguist I.A.D. Board

Ressie

Namiland North Cherry Chese x 746-Rid ewood Avenue 20815

Yes II 577-40-106 Anne K.Sushart(ife) Seme as 13

Secretion Sept.24.1985 Lee's Orematory

J.hm. Ice's Sons 20.30 - Ath St., M., ash., DC20012

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3. SEX White White Marking Day Marking D	1 - 85 26 HOUR 23
White # 5 95	UNDER 1 YEAR IF UNDER 24 HRS
Maryland Maryland	ONTHS DAYS HOURS MIN.
CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IVE OF WORK FOR MOST OF WORKING LIFE) 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK F	veril -
136 STATE 136 COUNTY Mont. 136 CITY CODE 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 908 Crest Par 136 STREET ADDRESS / ZIP CODE 908 Crest Par 136 STREET ADDRESS / ZIP CODE 908 Crest Par 15 MOTHER'S MADIEN NAME 15 MOTHER'S MADIEN NAME 15 MOTHER'S MADIEN NAME 15 MOTHER'S MADIEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 171 32 48211 Nathalie White (Daughter) 18 CAUSE OF DEATH (Enter anly one couse per line for 101 (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) CERBROVASCULAR THROMBOSIS CONSEQUENCE OF Conditions, if any, which (b) (b) (b) (b) (c) (c	126. KIND OF BUSINESS OR INDUSTRY
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IN CERTIFICATION	WERE FINDINGS USED
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES NO YES NO PERFORMED 210. ACCIDENT WAS UNDERLYING AUTOPSY? YES NO PERFORMED 210.	
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sow the deceased olive on obove, (I) Committee body offer feath. 27b. SIGNATURE 27c. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT	ond from the causes stoted 22c. DATE SIGNED

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 9/7/85

236. DATE

23c NAME OF CEMETERY OR CREMATORY Hillside Cemetery

Roslyn, Pennsylvania

Hines/Rinaldi 11800 New Hamp. Ave. S.S. Ma. DATE RE

253015 VERNER BURNER MAKE INKITE FEBRUARY BITOS GOTESTERMA U.S.A. * MONTEOMETE TAKEMATATIK WASHINGTON TOTAL HESP. SUPPREMENDED THE LIBERT WHATE TO - WASHINGTOKE & SYTHEWASLE PLACE MILLECORE LANGHUM TH. CHUNGBAN MARCARET, HACKETT YES NULL REPOSTRIGHMONTULINE CALLAGRAN SHARE AS THE MINOR SMITTERS NEWSTRANDS NEWSTRANDS PROPERTY AND THE WIRL

	1			STATE OF MARYLAND			
260076	1	FOR STATE REGISTRAR		RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. N		3 /
3 75-15		CLYDE	BURL	CAM PBELL		9-8-85	26. HOUR 5
ge 4 mg	3.5E	MALE	CAUC,	5. DATE OF BIRTH MONTH DAY 1 - 1 - 10	A AGE INVENSURE	YRS. DAYS	# ONDER 24 nm.
meral &	IJ	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTE	MARRIED WEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	GOMELY-	MD
112/	1/9	Koma Park	Washing	SING HOME OR OTHER INSTITUTION REET ADJULT	La Loone Prin	any frice	lanner)
(87	13a.	AL RESIDENCE (IF NURSING HOME OF	TO THE INSTITUTION, GIVE RESIDENCE BE NTY 13c. CITY OR TO TA KOM	a falle YES NO 1	Van3 861	ZII CODE M	8.5
1 11/0	1	LUCIU)	More Campb	15. MOTHER'S MAIDE FIRST	ta Sell	Hite. LAST	
A Poper			MED FORCES? 166. SO TAL SE VE WAR OR DATES) 505-0	1-1894 Ruth H. 6	rampbell address	(12e)	
physics on poper emoval.			nly one couse per line for (a), 1b), ED BY: TE CAUSE (a) CAR	DIAL ARROS	7	APPROXIM BETWEEN O	MATE INTERVAL INSE) AND DEATH
death or attendin fron, or roumatic		Canditions, if any, which	DUE TO, OR AS A CONSE	OUENCE OF ARY EN	ISUFFICE.	Ney	
that the task to the sale remain of, cremain or other to	NO.	cause (a), stating the underlying cause last.	DUE TO, OKAS A CONSE	WAL FAILURE			
quires signier Ne bury, o		1/1	CONDITIONS CONTRIBUTING	ASG LOACOT			
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH	CHOPERATION WAS PERFORMED STEN 03/3	200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
CLAN, TI 3 physics enticote ochranii mai Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PART 2)	
of Phrys attendion to this of the true hand Me wed or it	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
TTENDIN pital or TOR At for one o of Health	1	sow the deceased alive an	offer the body after death	m, 19 9, and that in (my) (aur) api	nion death occurred on the d		that (1) (we) last couses stated
At OR A the hos at DREG Melpiched site Dept.		77% SIGNATURE	lle us	DEGREE 14. D ATTENDIN PHYSICIA	IG MEDICAL STA	22c DATE S	IGNED
O FUNER.		SAMIR	NEIMAS,	22e ADDRESS	13 GGOLG	1	302
BP	73s.	BURIAL PEMATION JEMOVAL	1-12-1985 2	MAME OF CHAPTERY OF CREMATE	ery Suitan	I Pileo.	The.
DHMH - 16 50M 4/B3	134	DIRECTOV	Jakome tu	nexal Horkey 131		256 REGISTRAR'S SIGNATU	

Grew Mill Hille Bith Thompsoil (190) Test www mix The contract of the subsection as the subsect of th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

230 NAME OF CEMETERY OR CREMATORY

Prospect Hill Cemetery

DHMH - 16 60M 7/B4 (VRA 15, 41

1331 Rockville Pike, Rockville, Maryland 20852

9/9/85

236 DATE

John S. Saia

230 BURIAL, CREMATION, REMOVAL

(SPECBurial

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

CITY OF TYORK, Pennsylvania STATE

809 Viers Mill Road, Rockville, Md. 20851

23d LOCATION

26 HOUR

126. KIND OF PUSINESS OR

APPROXIMATE INTERVAL

22c. DATE SIGNED

the say that the state of The second second of the case of the ESUS . LET'S DES , SAN THE LET'S LAND IN the factor of the second of the second

4400 POWDER MILL Rd. BELTSUILLE.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

4.3 a little compatences THE PART OF 9-2

(VRA 15, 4)

500885° THE RESERVE OF THE PARTY OF THE

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

FIRS1

USUAL RESIDENCE (IF NUMING HOME OR OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate cause (a), stating the

underlying cause lost.

90 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

saw the deceased

abave, (1) (we) Idid) 22h SIGNATURE

77d PHYSICIAN'S NAME

NOT WHILE 220.1 certify that () (this hospital) attended 14

4 RACE

Montgomery

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and con

Korea

Clifton

ona

Male

TO BIRTHPLACE (STATE OF FOREIGN

CITY OR TOWN OF DEATH

ver Spring

William .

(YES, NO OR UNKNOWN)

Yes

Mary land

14 FATHER'S NAME

Washington, D.C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

DAY

MARRIED X NEVER MARRIED

17 INFORMANT

211 LOCATION

and that in (my)

STREET

ATTENDING.

DIVORCED

NO X

Charlotte

15. MOTHER'S MAIDEN NAME

13d. INSIDE CITY LIMITS?

September 9,1934

5 DATE OF BIRTH MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

WE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN

Silver Spring

Carter

166 SOCIAL SECURITY NO.

579-48-1651

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY OFFICE FARM ETC.)

CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MICOLE

Lee

TE CITIZEN OF WHAT COUNTRY?

United States

Caucasian

0	1	1	1	1
2	0	- 1	1	i

County.

12b. KIND OF BUSINESS OR

Transmission

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

MATE

Shop

Sharp

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES T

26 HOUR

DAY

REG. NO

MONTH

BALTIMORE CITY OR COUNTY OF DEATH

emerg

12620 Farnell Drive / 20906

20. DATE OF DEATH

50

6 AGE (IN YEARS LAST BIRTHOAY)

120 USUAL OCCUPATION

Specialist

Transmission ring life

13e STREET ADDRESS / ZIP CODE

Rebecca

Mrs. Ruth Carter, Wife, Same as item #13

(an and care lime that he funeral director.	. Pages total previous filed within 72 hours off	5	The state of the s
D	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and commitment of the funeral director, p	should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages and presented in the within 72 hours after	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANDONI SE LO COMPANION DE LA
D				

DHMH - 16 60M 7/B4 (VRA 15, 4)

NO

CERTIFICAT

MEDICAL

230

BURIAL, CREMATION ISPECIFY) Burial	REMOVAL	²³ 58	pt.	ember 1985
UNERAL DIRECTOR	Robert	Δ	P	mphr

231 NAME OF CEMETERY OR CREMATORY Parklawn Memorial Park Rockville

23d LOCATION

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

28a AUTOPSY?

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF TOWN

our) apinian death occurred on the date and hour and from the causes stated

STAFF

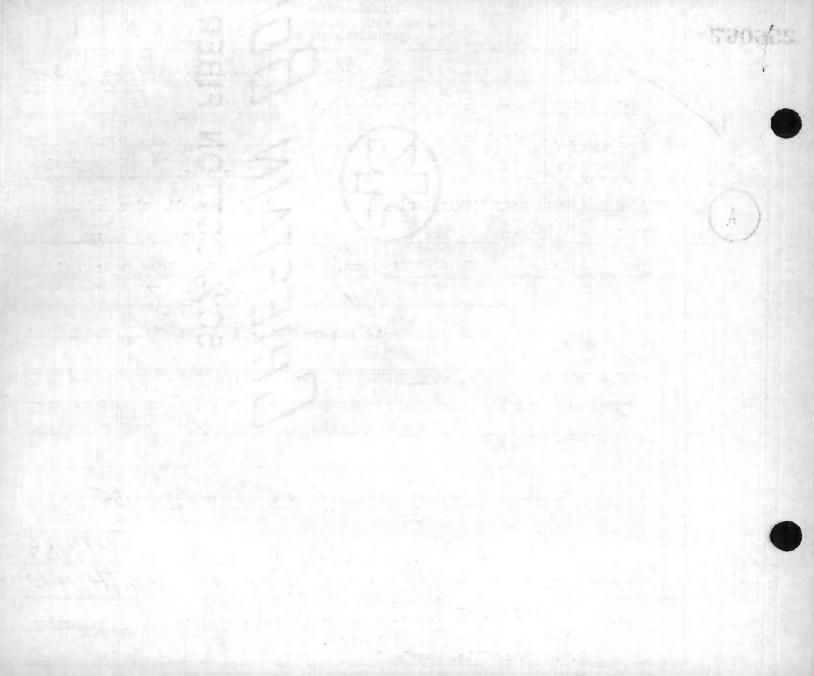
24. F Pumphrey Funeral Homes, Rockville, Maryland

21b. TIME OF INJURY

21e PLACE OF INJURY

250. DATE REC'D. BY RECHETRAR 256 REGISTRAR'S SIGNATURE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

REGISTRAN				REG. NO.					
1. DECEASED NAME FIL	11	LAST		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
I OR AIN	F HELEN	(AR	Her	9	3 85 54				
3 SEX	4. RACE	5 DATE OF BIRT	ТН	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER				
Female	Black	MONTH	14 13	72 v	MONTHS DAYS HOURS				
70. BIRTHPLACE (STATE OR FORE)		INTRY? 8	17 13	9 BALTIMORE CITY OR COU					
COUNTRY		MARRIED A	NEVER MARRIED						
Wash., D. C.	USA	WIDOWED	DIVORCED [Montgomery C					
	11. NAME OF HOSPITAL, I		HER INSTITUTION	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINES				
Takoma Park,			ospital	Housewife	None				
130 STATE 136	OME OR OTHER INSTITUTION GIVE RESIDENCE COUNTY		INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	ODE GRANG				
D. C.			NO		Street, N.E.				
14 FATHER'S NAME		15 M	AOTHER'S MAIDEN NA	AME					
FIRST		AST	FIRST	WIDDLE	LAST				
Eugene 160 WAS DECEASED EVER IN L	S APMED FORCESS LIAN SOCIA		Eva NFORMANT	ADDRESS	Young				
(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)				/				
No	3/6	8-03-6650	Mrs. Lore	tta Watson/daug					
18 CAUSE OF DEATH (E PART I, DEATH WAS	nter only one couse per line for lal,	(b), ond (a)	1. A.		APPROXIMATE INTERV				
	AEDIATE CAUSE (o)	Lenga	myim		3day				
	DUE TO, OR AS A COM	NSEQUENCE OF	1-		21				
Conditions, if ony, wh		102002110201	entier	nea	3 agy				
gove rise to immedi	ote		V1 .						
underlying couse li		ISEQUENCE DE 12	inter 8/	ella arrea	17 Ment				
DART 2 OTHER CICKIER	ANT CONDITIONS CONTRIBUTION	IC TO DEATH BUT NOT	DELATED TO THE YEAR	MINIAL DISEASE OF CONDITION	ONEN IN DARK				
	ANT CONDITIONS CONTRIBUTION	AG TO DEATH BUT NOT	RELATED TO THE TERM	WINAL DISEASE OR CONDITION	GIVEN IN PART ITO				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	LIAN CONDITION FOR	WHICH OPERATION WA	S DE DECODAMED	20g AUTOPSY? 20b. II	YES, WERE FINDINGS USED				
12 I'm DATE OF OPERATION	178 CONDITION	WINCH OF ERATION WA	13 FERT ORMED		RTIFYING CAUSES OF DEATH				
E .				YES NO	YES NO				
00 000 000 000 00 00 000		TH DAY YEAR	HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)				
S (IF EITHER NOTIFY MEDICALE		19							
(IF EITHER NOTIFY MEDICALE:	21e. PLACE OF INJURY (AT HOME STREET, FACTORY,		LOCATION	CITY OR TOWN	COUNTY SI				
WHILE NOT WHILE]	OFFICE FARM, ETC.)	-	- 612	. 0				
	hospital) attended the diseased	from a lend	1 - 10 1	10 901	10 1 the 11 de				
tow 196 decreased &	220 I certify that (I) (this haspital) attended the integesed from 19 1, to 19 1, that (I) we have a state of the course of the course of the course state of the course of th								
22s SIGNATURE	direct we the bady after death	DEGRE			22c DATE SIGNED				
The second of	100	DEGRE	ATTENDING	MEDICAL STAFF	1. C X				
***			PHYSICIAN	DIRECTOR PHYSICIAN	1 Jan 7				
220 PHYSICIAN'S NAME	(TYPE OR PRINT)	120	ADDRESS	11 7 1	01.10				
11/0 real	4160mINIM		11/20/00	v Horehin h	~ J) / 6/ 6/4				
230 BURIAL, CREMATION, REM		23c. NAME OF CEMETE	ERY OR CREMATORY	23d LOCATION	-)				
(SPECIFY)	9-7-85	Lincoln	Memorial	CITY OR TOWN	COUNTY				

DHWH - 16/60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2130

24 FUNERAL DIRECTOR Jöhn T. Rhines Co., 3015 I2th St. N.E., D.C.

Buria]

Suitland,

COUNTY

 $Md^{\text{TATE}}_{\:\:\bullet}$

1331 Rockville Pike, Rockville, Md. 20852

FOR

REGISTRAR

- STATE

266029

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ina Daydson- Gandall

-	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	BIENE S REG. NO	2 6		1 4
		CEASED NAME	FIRST	TY U.S.	MIDDLE	L	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR
900			Paula	(none)	Ca	sper	Sept.	20.	1985	6:00 M
, be	3. SE	X	4.	RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER LYEAR	HOURS MIN.
rs of		Female		Whit	е	Sen	0 - 1	91	YRS.		
once.		RTHPLACE (STATE OR	FOREIGN 71		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OF		OF DEATH	
for the Property of the Proper		Germany	ATH I	U.S		WIDOWE	DR OTHER INSTITUTION	Montgome		TIZE KIND	OF BUSINESS OR
office w		ilver Spri			the facility, give street Nendy	ADDRESS)	N OTHER HASHIOTOR	Retired			
pe le	USU.	AL RESIDENCE (IF NURS				E ADMISSION)	A 124 INICIOE CITY HAARTCO	13e STREET ADDRESS /	ZID CODE	-	(1)
20		ryland		omery	Silver S		134. INSIDE CITY LIMITS? YES ☑ NO ☐	3821 Wend			9.7
KI		ATHER'S NAME		IDDLE .	LAST		15. MOTHER'S MAIDEN NA	MEMIDDIE			AST _
20		• Jako		None)	'n _	Leise		(None		Engla	inder
11/		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECT		17 INFORMANT	ADDRE		-	
1/		NO			228-40-	9965	Maria K. H	erman 3821 V	vendy		XIMATE INTERVAL
nen pieose remove o ro buriol, cremotion, ijury, or other troum	Z	Conditions, if any gove rise to immouse (a), statis underlying couse	nediote ng the lost.	(c)	OF AS A CONSEOU	ence of	NOT RELATED TO THE TERM	ainal disease or conf	DITION GIV	EN IN PART I	ło'
N. S.	CERTIFICATION	196 DATE OF OPERATION 196. C		196. COND	6. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH			INGS USED S OF DEATH?
K.	1 2							YES NO		s 🗌	NO 🗆
动		210. ACCIDENT WAS UN OR CONTRIBUTING []	CAUSE OF DEATH	13	OF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	PIN ITEM 18 PA	ART 1 OR PART ?)	
1	MEDICAL	214 INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
16h		AT WORK AT WO					10/ DI	9/201	105	_	
21 15 7		220.1 certify that (1) saw the deceas above, (1) (we) (6 ¹⁰ a		\$5.0	nd that in (my) (our) opinion	deoth occurred on the do	te and hour	r and from the	that (1) (we) lost couses stated
Hem		226. SIGNATURE	/				DEGREE		1	22c. DATE	E SIGN ^E D
TANT: #		1	woo	Dec	Zes .		ATTENDING PHYSICIAN	MEDICAL STAF		Sept	t, 20, 1985
2 C 0		224. PHYSICIÁN'S N			1		22e ADDRESS	1 3 1 10 -			
M M M		Howard M	<u> </u>			Santa .	5454 Wiscon		evy Ch	nase, l	Maryland
		BURIAL, CREMATION, (SPECIFY) rial	REMOVAL	236. DATE Sept. 2	3,1985 G	NAME OF C	Heaven Cemet	23d LOCATION CITY STOWN	Spring	g Mary	land STATE
16 50M 4/83		UNERAL DIRECTOR I		uneral			consin AVBo. DAI				
16 50M 4/83 A 15, 4)	Wa	sh. D. C.	James	919	DRESS		SEP	27 19851 4		in the M	andres "

is so (em.) te. Partie of the state of the stat Carried L.E.A. Ent the Line Time and the Mile and the contract to the second of the second Jeson Jeson (area) resident resident (area) desert No. I letter 2021 Westy Lone 0,00,000,000 they altrimed not where there, and the Line and the state of nerick sate. 7,1 % date of Herre Ve elst Silver Coving Terrical Servet - recent

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CEDTIFICATE OF DEATH

5			
	REG	NO	

6	Parente.	

REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D.	- 4
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
(TYPE OR PRINT) DO	ORIS LORETTA CAST	LE	SEPTEMBER	17 1985	9:47 a _M
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR	
FEMALE	CAUCASIAN	JANUARY 7 1940	45	YRS	HOURS MIN.
To BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
VIRGINIA	UNITED STATES	WIDOWED DIVORCED	MONTGOME	RY	MD
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION		OF BUSINESS OR
BETHESDA		L HOSPITAL	HOUSEWIF	E At	Home
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COU	INTY 13t. CITY OR TOW	I 13d INSIDE CITY LIMITS			1999
WINGINIA PRIM	NCE WM. WOODBRID	IS MOTHER'S MAIDEN		ISON STREET	22191
FIRST	MIDDLE LAST	FIRST	MIDDLE		151
	ABEL		ATIE B. BEAVE		
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRE	55	
NO	230-50-	9189 JAMES CAST	LE,1418 HARRIS	SON STREET W	JOODBRIDG
18 CAUSE OF DEATH (Enter of	only one couse per line for 101, (b), or	VA. 2	2191	APPRO: BETWEEN	XIMATE INTERVAL
PART I. DEATH WAS CAUS	ATE CAUSE (0) CARCINOM	A OF THE CERVIX I	WIDELY METASTA	ATIC WITH	
	DUE TO, OR AS A CONSEQU				
Conditions, if ony, which		AL RECTAL FISTULA	۸		
gove rise to immediate couse (a), stating the					
underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF			
DARY 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	EDAMAIA DISEASE OR CONI	DITION CIVEN IN DART I	10
	CONDITIONS CONTRIBUTING TO	DEATH BOTHOT KETATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 1	
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FILIN CERTIFYING CAU		
T L			YES X NO	YES X	но 🗆
210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 216 HOW INJURY OC	CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART ?)	

and Mental Hygie ould be detoched the Stote Dept.

PRESTON ST., BALTIMORE,

DIVISION OF VIT AL RECORDS,

DHMH - 16 60M 7/84 (VRA 15, 4)

morked or Item 18

MEDICA

M. Dorchak, LT

sow the deceased alive on SEPTEMBER 17

220 1 certify that (1) (this hospital) attended the deceased from AUGUS

P.M

21e PLACE OF INJURY

(AT HOME STREET FACTORY, OFFICE FARM, ETC.)

USNR

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

ATTENDING

DEGREE

211 LOCATION

MEDICAL STAFF

22c. DATE SIGNED

STATE

NAVAL HOSPITAL, NAVAL MEDICAL COMMAND, NATIONAL CAPITAL REGION, BETHESDA, MD 20814

CITY OR TOWN

SEPTEMBER

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

23d. LOCATION CREMATORY CITY OR TOWN MEMOKIA

19 85

256 REGISTRAR'S SIGNATURE

COUNTY

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 277010 CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME MONTH CTYPE OR F TY eresa A AGE (IN YEARS LAST RIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3. SEX MONTH 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE MARRIED NEVER MARRIED COUNTRY DIVORCED Snain WIDOWED KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH NOT IN SUCH FACILITY, GIVE STREE (ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Housewife Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Washington, D YES F NO Conn 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LAST FIRST UNAVAILABLE Kittery 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Beth. Md. Unavailable Daughter APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: ORGAN FAILURE IMMEDIATE CAUSE (p) DUE TO, OR AS A CONSEQUENCE OF BASTRIC ADENOCARCINOMA ANVANCEN Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 IFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? OBSTRUCTION NO YES [NO [CERTI 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21m ACCIDENT WAS UNDERLYING DIVISION OF VIT HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTHY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE STREET (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE Schlember (DA) Questa De 220.1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive on Se b tender 18 19 25 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LTYPE OR PRINT d b BEORIETOUN GOICOCHEA Shoul 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION REMOVAL 23b DATE STATE (SPECIFY) Sept. 20185 Burial Baltimore Nat'l Baltimore, Maryland Cem 250 DATE REC'D. BY REGISTRAR Frineral DHMH - 16 50M 4/83 Washington, D.C. (VRA 15, 4)

5. 37,002 H-11823 on on on the

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and west-18 212 Side all west

Tol Code, the . The .

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FRANCIS J. COLLINS

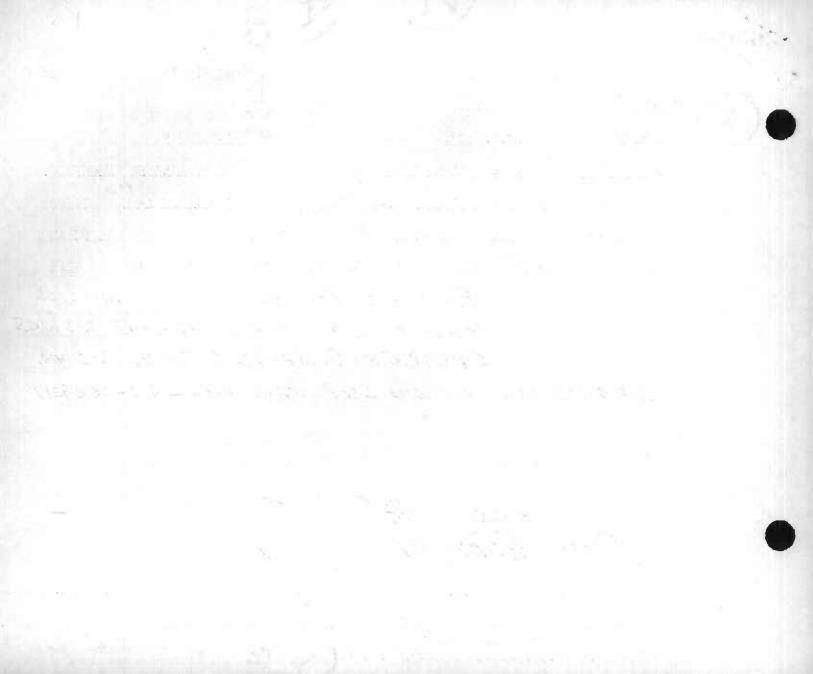
500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

FOR

24. FUNERAL DIRECTOR

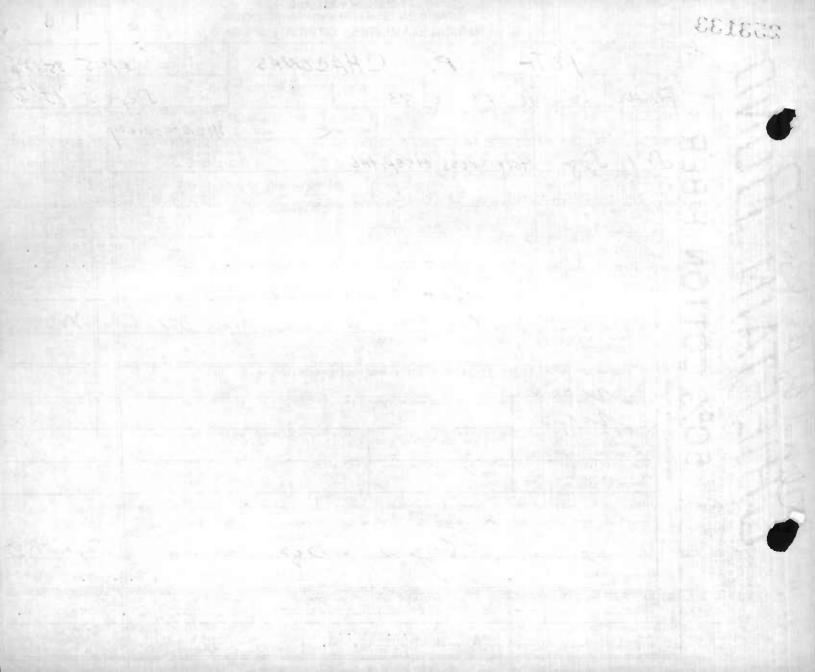
DHMH - 16 50M 4/83 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 253133 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. D'ATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-5 DATE OF BIRTH AGE (IN YEARS DATE DAY LAST BIRTHDAY PRONOUNCED 83 YRS 23 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Greece WIDOWED DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY Housewife own home USUAL RESIDENCE (IF IN HUMSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS laryland-Silver Spring YES LX 1621 Brisbane Street Montgomery NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Evangline Kospopoulas Constantine Xerocostas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 13312 Merryfield Ct. I HEYES GIVE WAR OR DATES! 216-88-0338 Constantine P. Chaconas-son- S.S. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, ORAS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE AGE 3 SHOULD BE USE ATE DEPARTMENT OF YES [] 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S 22g I certify that I took charge of the remains described above, held on Autopsy and in my apinion death resulted from Natural causes Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINERS NAME John S. Rogers. 1919 Seminary Road, S.S. Md. 230 BURIAL, CREMATION, REMOVAL THE DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPE Burial 9-9-1985 Fort Lincoln Cemetery Brentwood Pr. Georges STAT Md. 07/84 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 11800 N.H. Ave., Hines/Rinaldi Funeral Homes Silver Spring, Md. **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND N		REG. N		1	9
		CEASED NAME FIRST MA:	rgaret .	Andrea	naka		Sept.	L9,1985	YEAR 26 H	:30AM	
1		Female White			5. DATE C 12		24	6 AGE (IN YEARS LAST BIN	YRS MONTHS	DAYS HOUR	DER 24 HRS
	W	RTHPLACE (STATE OR FOREIGN COUNTRY) ash.D.C.	USA	WHAT COUNTRY?	WIDOWE		ORCED [Montgome 128 USUAL OCCUPAT	ery		MD.
	В	ty or town of death ethesda	6923	HOSPITAL, NURSIN	lon' F		IUIION	ITYPE Never 100 Never	OF WORKING LIFE) IND	Worke	d
	130 S	Maryland 13b M	ont.	Betheso		1		13e STREET ADDRESS 6923 C	zip code Larendon	Road	7
7		Alexander	MIDDLE	Chanäka		Irené		WIDDLE		el1or	is
	{Y	vas deceased ever in u.s. res, no or unknown) (if yes, None	ARMED FORCES? GIVE WAR OR DATES)	578 36		17 INFORMAT		Rogerson S	(Sis	ter) 13E	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	anly ane cause pe ISED 8Y. IATE CAUSE (a)	r line for 101, (b), and Cand	Las	av	est			APPROXIMATE IN TWEEN ONSET	
		Canditions, if any, which gove rise to immediate cause (a). stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF GREAT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								3-4	year
5	CERTIFICATION				OPERATION WAS PERFORMED 200 AUTOP			200 AUTOPSY?	OPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
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	MEDICAL	216 INJURY OCCURRED WHILE ON WHILE OF WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATIO STREET	N	CITY OR TO	OWN COU	INTY	STATE
Ì		22a. I certify that (I) (this hospital) attended the deceased from									-
L		226. SIGNATURE Paul 226. PHYSICIAN'S NAME (17)	RWA	Une		DEGREE A P 122e ADDRESS		MEDICAL STA	FF C	ept. 19	
		Paul		lner, MD				St. NW Wa	shington,	DC	
100	(URIAL, CREMATION, REMOV SPECIFY) Burial	9-21-			EMETERY OR C	n Cemet	23d LOCATION CITY OR TOWN CITY OR TOWN CITY OR TOWN	Spring Mo	ontg.	STATE Md.
		INERAL DIRECTOR Himes/Rinal	di 1180	0 New Ha	mp.A	Ave.S.S	5. Md \$1	PZO B85	256 REGISTRAR'S SI	IGNATURE	Leide

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH FIRST 2b HOUR TYPE OR PRINTS LINDA LEE SEPTEMBER 25, 1985 CHANDLER 2:12 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) FEMALE WHITE JUNE 2, 1954 31 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED MONTGOMERY COUNTY. Salisbury, Maryland WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE BETHESDA CLINICAL CENTER (NIH) USUAL RESIDENCE (# NURSING HOME OR OTHER 136 STATE 136 COUNTY)

MARYLAND Wicomico 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? SALISBURY 39 BONHILL DRIVE 21801 A FATHER'S NAME MIDDLE Baysinger Nelson E. Alda Elliott 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT SAME AS ABOVE (IF YES, GIVE WAR OR DATES) 212-66-0183 MR. GARY L. CHANDLER (HUSBAND) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY METASTATIC SARCOMA, LUNGS, BILATERAL IMMEDIATE CAUSE 10)_ DUE TO, OR AS A CONSEQUENCE OF HEMORRHAGE, LEFT LOWER LOBE Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21d INJURY OCCURRED

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

CERTIFICATION

21b. TIME OF INJURY HOUR A.M. MONTH

AT HOME STREET, FACTORY OFFICE, FARM ETC 1

P.M

21e PLACE OF INJURY

21f LOCATION

CITY OR TOWN

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)

NO

COUNTY STATE

NO [

85 , and that in (n) (our) opinion death occurred on the date and hour and from the causes stated

220.1 certify that X (this haspital) attended the deceased from SEPT. 25, saw the deceased alive an SELL . 25, above, X (we) (did) (XXXt) view the body after death

DEGREE

JIIIY 24

22c DATE SIGNED NATIONAL INSTITUTES OF HEALTH

23a. BURIAL, CREMATION, REMOVAL

raughnessu

CLINICAL CENTER, MD. BETHESDA 20205

DHMH - 16 60M 7/B4 (VRA 15, 4)

ould b

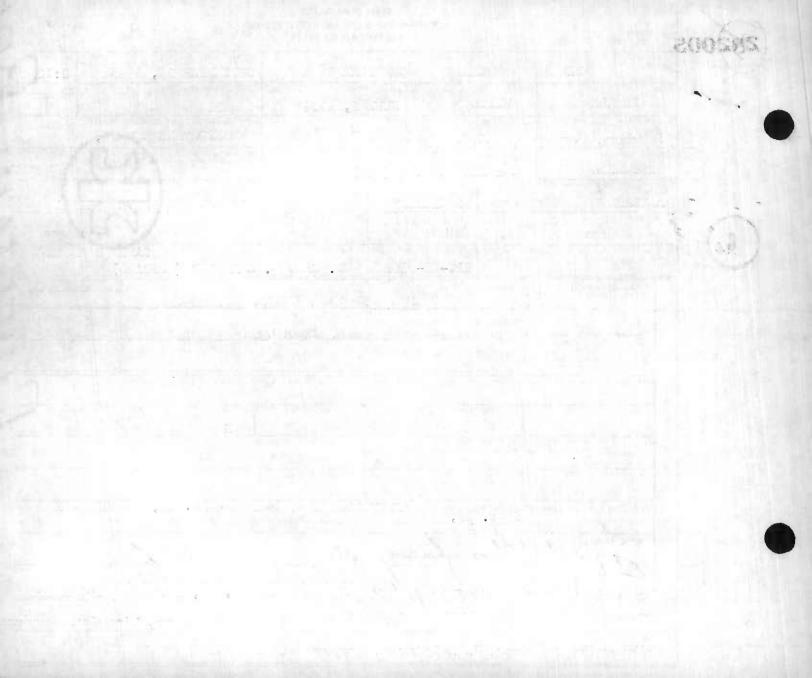
24 FUNERAL DIRECTOR

Burial

Holloway Funeral Home, P.A., Salisbury, Maryland

9/28/1985

Springhill Memory Gardens Hebron, Wicomico, Maryland



277101	1.	FOR STATE	DE	PARTMENT OF HEA	IF MARYLAND LTH AND MENTAL HYG ATE OF DEATH	JENS 5 2 6	121
noy be poge 3 r death		REGISTRAR DEASED NAME FIRST OR PRINT) THOMC	F.	Char (Is. Date OF	184	9-18	AY YEAR 2b, HOLIR M
oge 4 m	1	M	CAUCIASIA	MONTH 2	- 11 - 12	73 YRS	ONTHS DATS HOURS MIN.
nerol di		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COU	MARRIED MARRIED	NEVER MARRIED	MUNTOWN RA	
by the fu	J	Koma Kurk	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV WOSTING	E STREET ADDRESS)	dventist	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Truck, Driver	12b. KIND OF BUSINESS OR INDUSTRY Self enploy
133	130.	AL RESIDENCE (IF NURSING HOME O	NTY 130 CITY O	TOU HOS	Id. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	370183
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	160	VAS DECEASED EVER IN U.S. AF (ES NO OR UNKNOWN) (IF YES GE NO	VE WAR OR DATES)	-01-6729	Ruth N.C	ADDRESS 4606 Gun haney _{Capital H}	ther St.
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Abo, 20 Reprints 1 Then ple 15 burid repury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110
The fare regard on the fare regard of the fare regard of the fare	CERTIFICATION	190 DATE OF OPERATION	CORONNY Ah	try DisM	NAS PERFORMED HAND REGULATION	200 AUTOPSY? 200 IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED 'ING CAUSES OF DEATH? NO
NG PHYSICIAN, The other than certificate that the best from it is	DOM: VALUE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR	1c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2)
Sylve Solve	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		II LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN chall or a TOR, Att		22a. I certify that (1) (this hasp	of Diew the body after death.		that in (my) (aur) apinion	death accurred on the date and hour	9, that (we lost and from the couses stated
It OR AT the hosp thoched to the Dept of them 2		17th Stignature	Dew the body after death.		GREE	MEDICAL STAFF	19 Sale SIGNED
TO HOSPIT, retained by should be with the S		RCHARD A.	ANSINEW /	5p. 1		sion. Phinter Grouges Ca	van Hospitel
BP		URIAL CREMATION, REMOVAL SPECIFY) Burial	9-21-85	23c NAME OF CEM Cedar	ETERY OR CREMATORY Hill	23d LOCATION CITY OF OWN Suitland	Md. State
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	ROBERT E.	Wilhelm &	uitland	Md. 250 DAT	E REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE

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STATE OF MARYLAND CEPTICIC ATE OF DEATH

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	REGISTRAR		CERTI	ICAIL OI	DEATH	REG. NO).			差
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	COUNTRY)		MARRIE				-		4	
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	underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF							
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IFIC							IN CERTIFYIN	G CAUSES	OF DE	ATH?
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-	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH								
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ME	WHILE D NOT WHILE D		FARM, ETC)			CITY OR TO	WN	COUNTY		STATE
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	abave, (the (we) (did not	view the body after death	. 0			occorred on the do	and noor of			
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	22d. PHYSICIAN'S NAME (TYPE OF	RPRINT)		22e ADDRE	99				7	
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	I DE C CO.	23b. DATE 23c	NAME OF	CEMETERY OF	CREMATORY	23d LOCATION	41.	DIBLEY		STATE
SE	PT. 20 1985	HA	RMONY	MEMOR:	IAL PARK		MARYLA	ND		JIAIE
	WEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MA MEDICAL CERTIFICATION MA MEDICAL CERTIFICATION MA MEDICAL CERTIFICATION	DECEASED NAME FIRST (TYPE OR PRINT) Virgina 3. SEX Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WASHINGTON D. C. 10. CITY OR TOWN OF DEATH Olney USUAL RESIDENCE IF NURSING HOME OR 130. STATE 136. CVAS DECEASED EVER IN U. S. ARI (YES. NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COUNTRIBUTING CAUSE OF DEATH (INTERNITY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 210. ACCIDENT WAS UNDERLYING CONCOUNTRIBUTING CAUSE OF DEATH (INTERNITY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) [HIS TOPPON 1 CAUSE OF DEATH COUNTRIBUTING CAUSE OF DEATH	DECEASED NAME FIRST VIRGINA 3. SEX Female BLACK 76. BIRTHPLACE (STATE OF FOREIGN COUNTRY) WASHINGTON D.C. III. NAME OF HOSPITAL, NURS (FNOT INSUCHEACHLITY, GIVE SIRE MONEY Olney USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORM 130. STATE 131. DECEASED EVER IN U.S. ARMED FORCES? (TYES, NO BE UNKNOWN) 14. FATHER'S NAME FIRST MODIE LAST ARTHUR CLAY KELLY 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (TYES, NO BE UNKNOWN) 16. FATHER'S NAME FIRST MODIE 18. CAUSE OF DEATH LENter only one cause per line for 101, 161, copy and the underlying couse lost. Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. Canditions, if any, which gave rise to immediate couse lost, stating the underlying couse lost. Conditions (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING COUSE (b). 210. ACCIDENT WAS UNDERLYING 196 CONDITION FOR WHICH AMMEDIATE ACCIDENT WED KALERAMINER) 210. ACCIDENT WAS UNDERLYING 197 CAUSE OF DEATH (FITTHER MODIFY MEDICAL EXAMINER) 210. CERTIFY THAT (I) ITHE TOPPINAL OF PLACE OF INJURY HOUR A.M. MONTH (FITTHER MODIFY MEDICAL EXAMINER) 210. I CERTIFY THAT (I) ITHE TOPPINAL OF INJURY (A) HOUR A.M. MONTH (B) CONDITIONS CONTRIBUTING TO CONTRIBUTING COUSE (C) INJURY (A) HOUR A.M. MONTH (B) CONDITIONS (C) INJURY (A) HOUR A.M. MONTH (B) CONDITIONS (C) INJURY (A) HOUR A.M. MONTH (B) CONDITIONS (C) INJURY (C) INJU	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) Virgina Ch. 3. SEX Female BLACK BLACK BLACK BLACK Female BLACK Footing and the controlled on the institution of the instit	1. DECEASED NAME (TYPE OR REIGH) Virgina Chapman 3. SEX Female BLACK BLACK S DATE OF BIRTH MONTH ANAPHINGTON D C IISA NARRIED NEVER WIDOWED II NARRIED NEVER NA	DECEASED NAME	REG. N. 1. DECEASED NAME 1.	DECEASED NAME 1895 WIDDLE 1895 WIDDL	DECEASED NAME 1891 MODIE MODIE	DECEASED NAME TABLE TABL

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physhould be detached for use as the buriol-transit permit. Then please remove corbompol with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remov IMPORTANT: If them 21 is morked or Item 18 shows ony injury, or other froumotic ex

(VRA 15, 4)

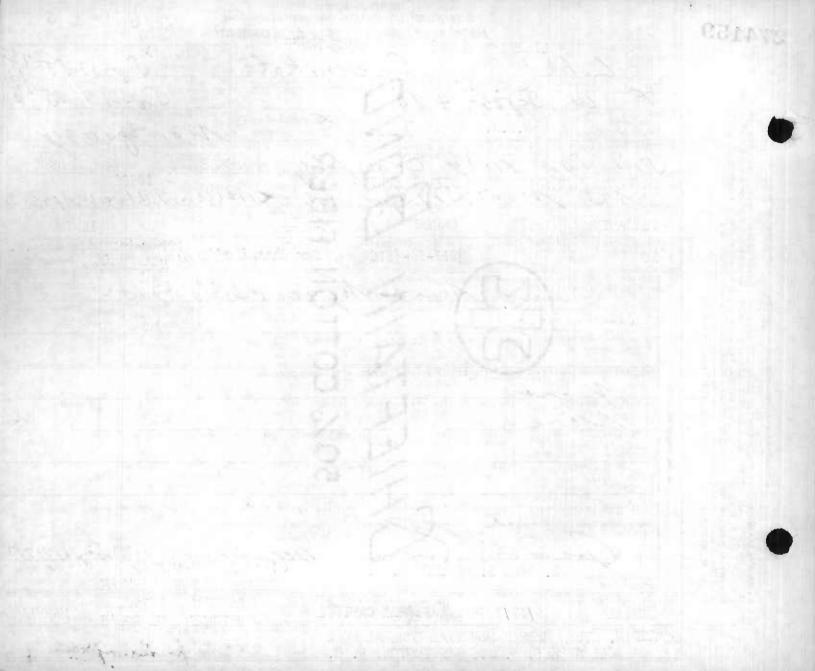
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 21701

24 FUNERAL DIRECTOR W.H. BACON FUNERAL HOME 3447 14TH ST. WASH,

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

many manufactured 25 136 1.

						ARYLAND			
0	11.	FOR STATE		DEPARTMENT O	FHEALTH	AND MENTAL	IYGIENE	26	23
274159		REGISTRAR		EDICAL EXAMI	NER'S C	ERTIFICATE C	FEEATH	REG. NO.	
~		CEASED NAME FIRST L	IBBY	(PAT)	CHE	KNIKUFF	Ze. DATE K	HINOM NONTH	DAY YEAR 26. HOURA
Www. Ch	(17)	(CH PRINT)	1		1	mit x7	OF DEATH	MATED TA	1120 Port 73
X55528	D 38	L PAGE	S-DATE-OF BINI	1014 6 AGEN	YEARS IF UN	DER TYR. IF UNDER		MQ 7TH	DAY YEAR 24 MENT
STEE	1	FEMALE WHITE	SEPT	4, 19.1.4 6. AGF 0			MIN PRONOUNG	ED C	17 1
800700/	1	IRTHPLACE (STATE OR	The OTIZEN OF V	WHAT COUNTRY?	YRS.		DEAD	Jan -	1900 PM
SE S	/a. E	MARY LAND	U.S.A.	WHAT COUNTRY?	8. MARRI	ED NEVER MARR	IED . 9. BALTIMO	RE CITY OR COUN	TY OF DEATH
NA STATE OF	2	ATTENDED TO STATE OF THE STATE	u.s.A.		WIDOW	ED DIVORO	ED 0 M	ontop	mery MD
2 # 15 B	10. C	ITY OR TOWN OF DEATH	11 NAME OF HO	DSPITAL, NURSING HO		ER INSTITUTION	120 USUAL OCCUP	ATION (TYPE O WORK	126 KIND OF BUSINESS OR INDUSTRY
SOALLS Y	1	1. Va-	1/1	1 /4 1	ati 1	4.11.	FOR MOST OF WORK HOUSEWI	FE	OWN HOME
- On Sale	USU	IL RESIDENCE USIN NO SINCE ME	NOI MILITAM STATOS	SILVEROSE		Tally.		20902	To distribute
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H WHEAT	4		44.30						LEVIN
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₩ 工程的/		NO		213-56-45	12	sam the	ruckooo, s	ilver Spr	rsity Blvd.W. ing, Maryland
No. of the second		18 CAUSE OF DEATH (Enter on	ly ane couse per li	ne for (o), (b), and (c).)			1 1 1		APPROXIMATE INTERVAL
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SHARE!	FICATION	198. DATE OF OPERATION	196. CONE	OITION FOR WHICH OP	ERATION W	AS PERFORMED?			20 AUTOPSY?
₹ 수요품의상황		1/on	ANY.						YES D NO DO
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DHMH - 17 (VR A15 ME (5))		WILD MESTEIN HI				- Total 10-1	Fig. 140 Aftiffice.	1. 20.0	72. e.m.
(VK A13 ME (5))	23	2 CARROLL STREE	I N. W.	WASHINGTON	V.D.	C.	73 30 5	HARLES BEEF	- Indages



15		CEASED NAME FIRST	RIDGELY	MIDDLE BROWN	L	AST CHICHESTER	20 DATE OF DEATH M	ONTH DAY	YEAR 2	h HOUR
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moy po	3. SE		4 RACE		FEE		6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNI		F UNDER 24 HRS
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s ofter of the full of the ful		OLNEY	SHAR	ON NURSIN	G HOM	DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V FARMER		KIND OF IDUSTRY FARM	BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours oftending physician. When this certificate has been signed by the attending physician and car bifures filled in by as the burial-transit permit. Then please remove carbonpapers. Pages in the burial-transit permit. Then please remove carbonpapers. Pages in the control of the medical exercises and mental hygene prior to burial, cremation, or removal. The control of the	13a S M			I3C CITY OR TOW BROOKEV	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2 1010 BRIGHT	ON DAM	RD.	20833
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gned plec		PART 2 THE SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	OF BHALLIN POP	SE OR CONIN	busad :	PART No	
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ne low in permit ene prior	CERTIFICATION	19a DATE OF OPERATION	14. COMO	JION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOM	206. IF YES, WEI IN CERTIFYING YES 17	RE FINDING CAUSES O	S USED F DEATH?
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DECTO Spirit of form of the man 21		abave	a de la bella	gifter death.	, 01	nd that in (my) (our) apinian	seath occurred an the date		221 DATE SI	-
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DHMH - 16 60M 7/84	24 FU	FRANCIS H. BAR	BER LA	YTONSVILL	E. MD	. 20879 250 DAT	E REC'D. BY REGISTRAR 25	REGISTRARS	SIGNATUR	متردي

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

FOR - STATE

REGISTRAR

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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

	1			STATE OF MARTLAND		
283063	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 5	26126
	1 DE	CEASED NAME FIRST	MIODLE	LAST	REG. NO.	INTH DAY YEAR 26 HOUR
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ond ond	1	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	3852 MIS. C. /ACO	T Ruck	111- 411
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hysicott pop ova		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), a	1 f	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
Bon rem		IMMEDIA	TE CAUSE (a)	Face Fung C	ance	weeks
1001		1000	DUE TO, OR AS A CONSEQU	JENCE OF		
		Conditions, if any, which gave rise to immediate	(b)			
HINE I	133	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEON	JENCE OF		
1015			(Ic)			
1 1 1 1	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 11a
4 111	CERTIFICATION					
1 1117	<u>Ş</u>	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
28 158 5	[E				YES NOW	YES NO
34 904 20		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	NITEM IS PART 1 OR PART 2)
22 52 5	18	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
de the	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
0 m 1 m 1 m 2 m	2	AT WORK NOT WHILE	, many and a many many many many many many many ma	- 1	- 1	
93 711		22a.1 certify that (1) (this hosp	tral) attended the deceased from	916 , 1986		, 19, that (I) [Mal
P1 0352		saw the deceased alive ar	at) view the body after death	and that in (my) (out opinion	death occurred an the date	and have and from the causes states
75 WF5 F		226. SIGNATURE	of view the body direr death.	DEGREE		22c. DAYE SIGNED
01 040 =		Man	Menna	ATTENDING ,	MEDICAL STAFF	9/25/05
4 4 4 4 4 4	1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR PHYSICIA	NU TOTAL
HOSPITA HESPITA HESPITA HESPITA OPTANT						
01 2213-	-	NIDIAL COSMANION OF	Tan Dive	NAME OF STREET	Van Location.	
	730	BURIAL, CREMATION, REMOVAL	1 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		DUINE	9/27/85	MONOGREY COMETER	Bealloull	c mourg- und
HMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	BOX 8 GOORESS	25a. D.A	TE REC'D. BY REGISTRAR 251	REGISTRAR'S SIGNATURE
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	REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF DE	ATH) REG!	NO. 9
	CEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR
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	M CAUG	10 27	66 /8 YRS.		DEAD	
a Bi	RTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WE	MARR	HED NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY OF DEATH
Ma	ryland	Americ	an widov			omeR4
10 C1	ITY OR TOWN OF DEATH		PITAL, NURSING HOME, OR OTH	HER INSTITUTION 120. US	SUAL OCCUPATION	
T	AM RECUS		CHITY, GIVE STREET ADDRESS)		STUBEN	OK INDUSTRY
ISU/	AL RESIDENCE (IF IN NURSING HOM		VE RESIDENCE BEFORE ADMISSION			00070
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14. F/	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NAM	AE MIDDLE	LAST
		Franklin	Clouse	Santos	3	Davila
	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS
(Y	(IF YES, G	IVE WAR OR DATES)	220-98-6224	Millard F.	Clouse	Item 13
_				111222424		
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	anly ane cause per line	for (a), (b), and (c).)	1		APPROXIMATE IN
		IATE CAUSE (a)	GUNSHOT	WAUND		ACUT
			AS A CONSEQUENCE OF			
	Conditions, if any, whi		Dreame			11/10
	gave rise to immedia cause (a) stating the unde		DEPRESSIO	N		11-08
100	lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF			
		(c)				
	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART 1 (a).		
Z	F-12 W ST 1-1					
CERTIFICATION	190. DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERATION W	VAS PERFORMED?		20. AUTOPSY?
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-	210 EXTERNAL CAUSEWAS	21b. TIME OF	MONTH DAY YEAR	OW INJURY OCCURRED IENTE	R NATURE OF INJURY IN ITEA	A 18 PART 1 OR PART 2)
SAL	CONTRIBUTING CAUSE C	1/ ///		UNSMOT W	OUNB (1681
MEDICAL	ATT INTRIDA OCCURRED	/ 21e PLACE C	OF INJURY (AT HOME, 211. LC	CATION		
¥	WHILE NOT WHILE AT WORK	4	1 1 1	STREET P. Roman /	CITY OR TOWN	COUNTY
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	220. I certify that I toak cho	orge of the remains des	scribed above, held an Autop	osy , Inspection4.	Inquiry 4	and in my apinian
	death resulted fram: No		Accident , Suicide	Homicide Unde	etermined manner	
	death resulted fruiti	Toron couses	necident L., Juicide W.		ciermineu muimer	/
1	ACTUAL	(1/6	1.11/18	TITLE (SPECIFY)		DATE 0/26/
1	SIGNATURE	weller	MANNO N	A.D. DONT ME	DICAL EXAMINER	SIGNED
	EVAMINED'S NAME I	10/	Inn a u	21	. /	2 20814
	(TYPE OR PRINT)	NCIS CI	MAGLE	ADDRESS CHO & WISC	Wascol ALL	c PETHESON,
23a.B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY C		LOCATION	COUNTY
- 43	remation	9/26/85	Westview M	D 1 DCII	TY OR TOWN	Maryland stat
	UNERAL DIRECTOR	17/20/03	IMESTATEM II	IS DATE PECID I	BY DECISTOAD 1961 D	EGISTRAR'S SIGNATURE
	NAME	ADDRESS		SEPR	0 1005	a puldost With
01	in L. Moles	worth.P.A	. Damascus M	d	0 1303	

STATE OF MARTLAND

American besivesk

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plived. entor Millerd Franklin Clouse 220-98-6224 Millard F. Clouse Item 13

Creation 9/25/85 Featview Mer. Tark Haltimore, Maryland Dita i. Polesmorth, F.A., Damascus, Md.

11300 N.H. Ave., S.S. Md.

STATE OF MARYLAND

250. DATE REC'D.

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BY REGISTRAR 256. REGISTRAR'S SIGNATURE

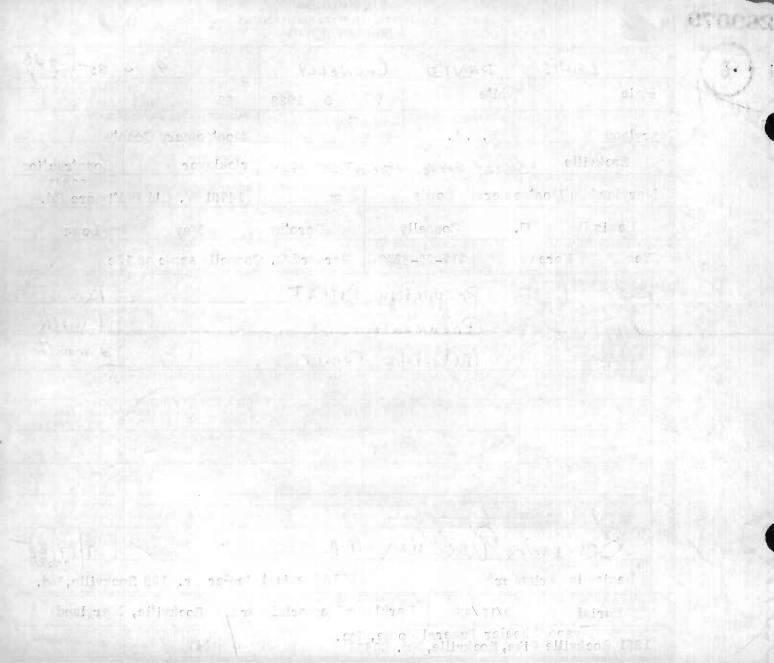
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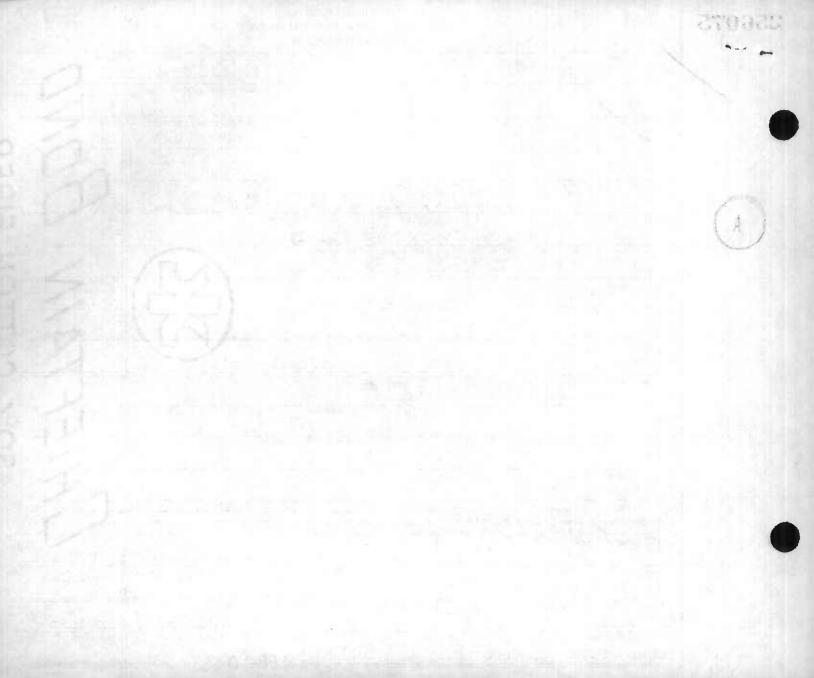
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Hines Rinaldi Funeral Home

DIVISION OF VITAL RECORDS





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STATE OF MARYLAND

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FOR STATE REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

MIDDLE

REG. NO.

September 14, 1985

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	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicists on	should be detailed for use as the businf transis permit. Then please remare carbon paper as	with the State Dept of Health and Mental Hygaine prior to build, cremation, or ramayal, .	MPORTAXI. If him 21 is marked at him 18 shors any rejury, or other traumatic eventrals me
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DHMH - 16 60M 7/84 (VRA 15, 4)

1	VIRGINIA	DARE	CROMER	September 14, 19	85 9:45 AM
1	1. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER LYEAR UNDER 24 HRS
4	Female	Caucasian	June 28, 1912	73 YRS	ON THE DATE HOURS MIN.
4	TE BIRTHPLACE INVALENTATION OF COUNTRY	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
2	West Virginia	U.S.A.	WIDOWED DIVORCED	Montgomery	MD.
1	Takoma Park	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Washington Adver		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Housewife	126 KIND OF BUSINESS OR INDUSTRY Own Home
5	SUAL RESIDENCE IF NURSING HOME OR 130. STATE 180 COUN Maryland Prince	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c, CITY OR TOW CE George Bladens	N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 5999 Emerson Str	20710 eet #502
V	George W	MIDDLE LAST Schrock	15 MOTHER'S MAIDEN NA FIRST Nellie	WIDDLE	Waters
2	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU 236-12-		GHTER, 10306° Gree Thurlow, Kensingt	
٦	IN CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line (6) (a), (b), and	dient T		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		E CAUSE (a) NESDI	along tallure	2	linepel
	Conditions, if any, which gave rise to immediate cause in stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	Static Bleast	CAMCER	2415
		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1(a
2	IN. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
		TH HOUR A.M. MONTH DA	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT : ORPART 2)
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F.	ARM EIC) STREET	CITY OR TOWN	COUNTY STATE
	220. L certify the 11 this hospi saw December 31 on about the 11 of d on	VAISCOI 19 8	, and that (my) our) apinion	death accurred on the date and hour	9 6 , that (1) last and from the causes stated
	Elis a K	luxuga		MEDICAL STAFF DIRECTOR PHYSICIAN	272 DATE SIGNED
	HOMAS O.	BENSIMOBA	7525 GICCHW	My CIR Drive	biceabel/MI
	230. BURIAL, CREMATION, REMOVAL	9-16-85 For	NAME OF CEMETERY OR CREMATORY The Lincoln Cemeter	Mid LOCATION CITY OR TOWN Brentwood, P.G	Maryland
	Francis Gasch's S 4739 Baltimore An	Sons Funeral Home venue, Hyattsvill	P.A. SEF	E REC'D. BY REGISTRAR 256 REGISTR	

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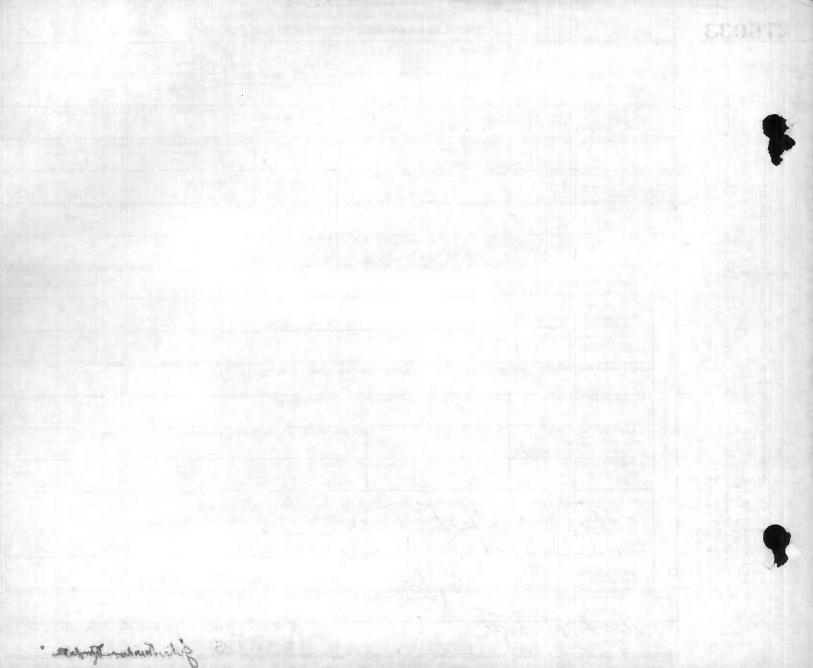
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STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15. 4)

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes. P.A. Bethesda, Maryland

236. DATE

230 BURIAL CREMATION, REMOVAL

Burial

B. MEHEGAN, LT, MC, USN

Oct. 4.1985

Ridgeville Sandridge Baptist

23c NAME OF CEMETERY OF CREMATORY Church Cemetery

PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

220 ADDRESS NAVAL HOSPITAL, NAVAL MEDICAL COMMAND,

NATIONAL CAPITAL REGION, BETHESDA, MD 20814

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE in a wardson fandales

COUNTY

22 DATE SIGNED

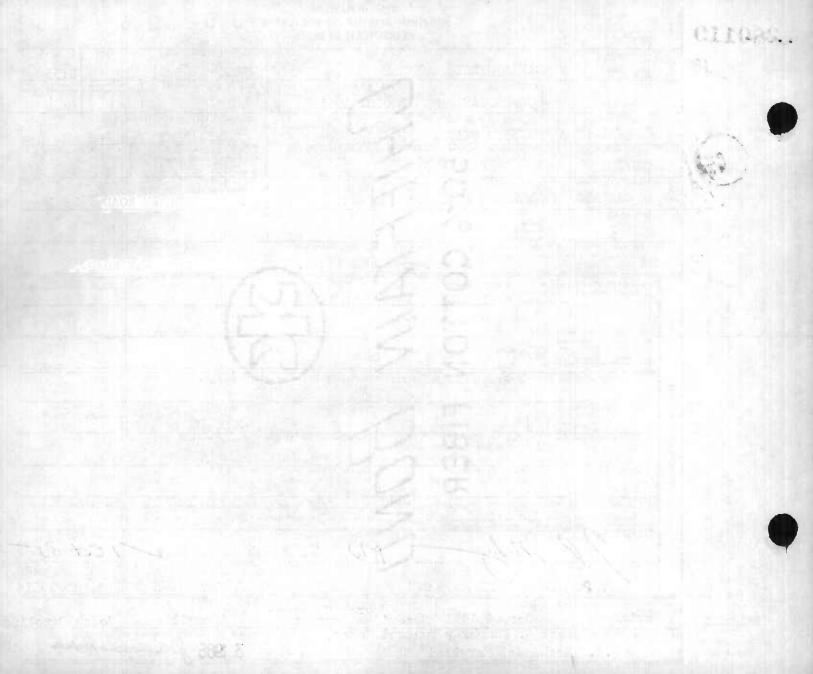
126 KIND OF BUSINESS OR

own home

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South Carolina

INDUSTRY



- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Agnes Cummings Sent 4. RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 18 107 Female White To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY U.S.A. Md. Montgomery WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSI INDUSTRY Federal (TYPE OF WORK FOR MOST OF WORKING LIFE) Gaithersburg 21011 Brink Ct. Ex. Secretary Housing Admin. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 130 STREET ADDRESS / ZIP CODE 21041 Brink Ct. Montgomery Gaithersburg (20879) Md. YES A 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME James William Cummings Elizabeth Mary Green ADDRESS 11005 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT Treva Ct. 217-44-0637 Mary Edwina Cregger Germantown, Md.2087L APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULLNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON NO F 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY WORK NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from (our) apinion death occurred on the date and haur and from the causes stated 27h SIGNATU DEGREE ATTENDINGA MEDICAL DIRECTOR PHYSICIAN 211 Montgomery Village Ave.. Tibor E. Frekko, M.D. Gaithersburg, Md. 20879 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

(VRA 15. 4)

Gartner Sandison F.H.

Burial

Mt. Olivet Cemetery

Washington,

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 316 Eggs Diamond Ave. Gaithersburg, Md. 20877

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

nerol director, page 3 772 hours after death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	CAL	OR CONTRIBUTING CAUSE OF DEA	1117	. MONTH DAY	19							
	MEDIC	21d INJURY OCCURRED	21e PLACE OF	FINJURY	21f. Lo	OCATION			03.15			
	×	WHILE NOT WHILE AT WORK	TAT HOME STREE	1 FACTORY OFFICE, FAR	W EIC)	STREET		CITY OR TOWN		COUNTY	STA	TE.
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	16	sow the deceased alive an above, (i) (we) (did) (did na			5, and that	n (my) (our) opinion (death accurred	on the date or	nd hour a	nd from the	couses state	ed
	60	226 SIGNATURE	III view The body of)	DEGRE		/			22c. DATE	SIGNED	
		Lerenny V	- Co-01	NE MOD		ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		9/	25/8	-
		224 PHYSICIAN'S N	PRINT)		22e A	DDRESS	J DINECTOR L	JULISICIAN			2089	
1		JEREMY C	OOKE		10	400 Co.	nn. Av	E. KE	NSIN	GTON	MA	3
		URIAL, CREMATION, REMOVAL	236 DATE			Y OR CREMATORY	236 LOCA	TION				
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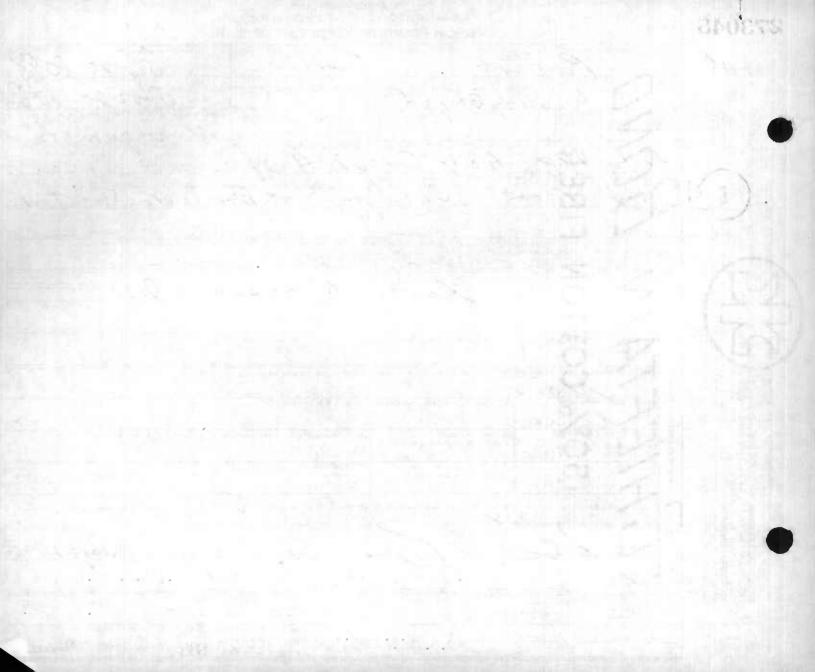
DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He IMPORTANT: If Item 21 is

DEPARTMENT OF HEALTH AND MENTAL HYGIERE RESISTAR REGISTRA MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRA MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRA REGISTRA REGISTRA MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRA REGISTRA REGI
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ROBERT R. J. SEX 4 RACE J. MILLOR BIRTHOLD 19. CHILDEN OF WHAT COUNTRY TR. BIRTHRIACE TAKE OR NEW YORK TO BRITHOLD 19. CHILDEN OF WHAT COUNTRY WOOWED 19. CHILDEN OF WHAT COUNTRY WOOWED 19. BIRTHRIACE TAKE OR NEW YORK TO BRITHOLD 19. BIRTHRIACE TAKE OR NEW YORK TO BRITHLE TO THE OF WHAT COUNTRY TO BRITHLE TO THE OR NOT HERE INSTITUTION TO THE STREET OR NEW YORK TO BRITHLE TO THE OR NOT HERE INSTITUTION TO THE STREET OR NEW YORK OR PRINT TO THE TAKE OR NEW YOR OF WHAT COUNTRY TO BRITHLE TO THE OR NEW YORK TO BRITHLE TO THE OR TO BRITH THE OR TO BRITHLE TO THE OR TO BRITH THE OR TO BRITHLE TO THE OR TO BRITH
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John Curren Maude Heim Was Deceased ever in u.s. armed forces? If yes, no, or unknown Yes WW 11 Is Cause of Death (Enter only one cause per line for (o) b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Due To, or as a consequence of Conditions, if ony, which gave rise to immediate cause (o) to or as a consequence of Lying couse last. John Curren Maude Heim Maude If yes, Man and Death Maude It informant Informant Adelaide M. Curren-wife-(same as 13e) Adelaide M. Curren-wife-(same as 13e) Approximate interval and Death Due To, or as a consequence of Conditions, if ony, which gave rise to immediate couse (o) stating the under-lying couse last. (c)
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216 INJURY OCCURRED 216 INJURY OCCURRED 216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 217 PLACE OF INJURY (ATHOME, STREET) 218 STREET, FACTORY, FARM, ETC.) 219 PLACE OF INJURY (ATHOME, STREET) 210 STREET, FACTORY, FARM, ETC.)
TANAL AT WORK AT WORK
220 I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my opinion
death resulted from: Natural couses Accident Solicide , Homicide Undetermined monner ,
TITLE (SPECIFY)
John S. Rogers, DME 1919 Seminary Rd., S.S. Md.
John S. Rogers, DME 1919 Seminary Rd., S.S. Md.
John S. Rogers, DME 1919 Seminary Rd., S.S. Md.
Rurial 9-24-1985 Gate of Heaven Cemetery Silver Spring Monty. "Md.
U//84 BP
OHAMI 17 (VR A15 ME (5)) Hines/Rinaldi Funeral Homes 13800 N.H. 20904, SEP 26 1985 Tulia Davidson Randow



STATE OF MARYLAND

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	POPPER A			(IF IN NURSING HOME C	R OTHER INSTITUTION,	IVE RESIDENC	E BEFORE ADMISS	ION)	13d. INSIDE CITY LIMITS?			6	18/1/11	9
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1	M - 2 2 2 2 7 /	14. FA	THER'S NAM	Ε	WIDDIE		LAST		15. MOTHER'S MAID	EN NAME	MIDDLE		TAST	
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	AOF VI CATE SI THE CUILD BE TAKENT TO BO	CER		AL CAUSE WAS	216. TIME C		DAY YEA	21c. HO	OW INJURY OCCURRE	D (ENTER NATU	RE OF INJURY IN ITEM	18 PART 1 OR P		
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	EXAMINER. CERTIFICATION BE FOR DIRECTOR: I, WITH THE MARYLAND		death resul	ted from: Natur	al causes	Accident	L, Su	icide 🔲	, Homicide .	Undetermi	ned manner].		
	CAL EXA THE CER SHOULD SHAL DIR SATH, WIL		ACTUAL	Lot	-0	. Que	1		TITLE (SPECIFY)			DATE	9-7-	3-06
- 70	SE S)	SIGNATURE		- 0 2			M	0.23	MEDICA	EXAMINER	SIGN	ED / Z	mrd:
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FO TO FUNERAL DIRECTO AFTER DEATH, WITH TI BALTIMORE, MARYLAN		EXAMINER'S	INAME JO	hn To	dub	21		ADDRESS 321	8 W13	SCOMSI	N P.	12 PSa-	the sdr
1	ON OF A	23o. B		ATION, REMOVAL 2	36. DATE	23c	NAME OF CE		R CREMATORY	23d. LOCA		COV	Nîy	STATE
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	DHMH - 17	24. F	UNERAL DIRE	ctor Joseph sconsin Av	Gawler APPRES	s Son	s, Inc	200	250. DATE	REC'D. BY REC	SISTRAR 256 RE	GISTRAR'S	SIGNATURE	
	(VR A15 ME (5))	2	LOU WIS	sconsin Av	e, IW, was	TITTIE	OH D.O	• 200	SEP 2	7 Mook	1 Steries	Caridian	- Brokess	

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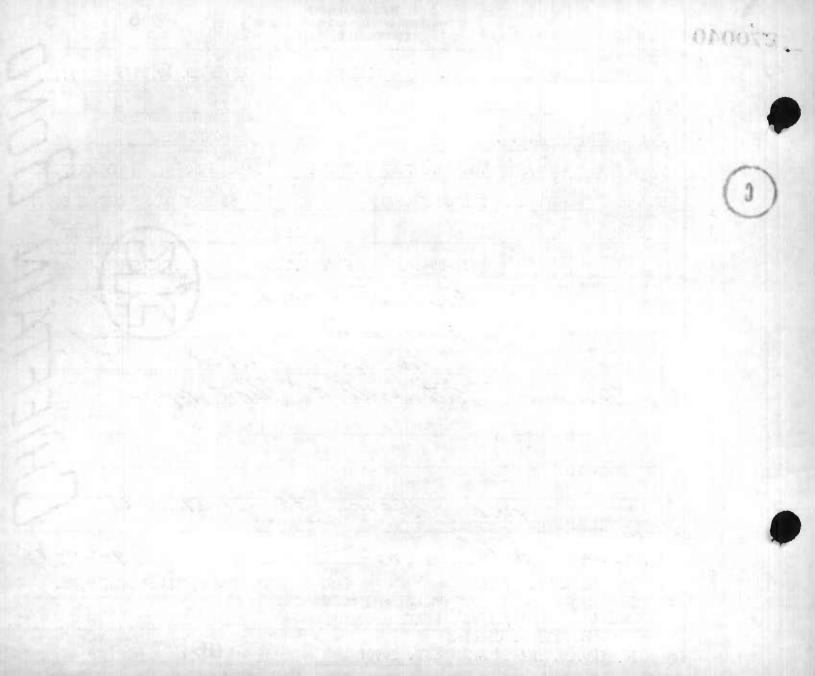
20040	1	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$ 5 2 6 4 4 CERTIFICATE OF DEATH REG. NO. MADDLE LAST T20. DATE OF DEATH MONTH DAY YEAR 126. HG								
80,040		OR PRINT)	FIRST	WAT		DAY	AST	2a. I	DATE OF DEATH	27	, 1985	3:15 PM
A 600	3 SE			RACE		5 DATE C					IF UNDER 1 YEAR	7 111
t of a	1	Female		Whit	е	Feb	. 27, 1923 FAR		62 YRS			HOURS MIN.
and the	1	RTHPLACE (STATE OR FOR COUNTRY) orth Caroli			WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED		Montgomery Cou			У • мо.
OX	10 C	TY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME OF LIFE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! 26708 Ridge Rd.			(TYPE OF WORK FOR MC			OF WORKING LI	(E) INDUSTRY	of BUSINESS OR Y ic school
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pood pedici		VAS DECEASED EVER IN (ES. NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	239-30-1		William J	Jacks			tem 13	
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tan The physicon thront to through the control of throcal of throc	AL CERTIF	21g. ACCIDENT WAS UNDER	JSE OF DEATH	21b. TIME C HOUR A.	DF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OC		ES NO		PART I OR PART 2)	NO 🗍
otherstag otherstag he flux cer as the flux h and Ment	MEDICA	21d INJURY OCCURRED	D	21e PLACE	M. OF INJURY REET, FACTORY, OFFICE, FA	19 NRM, ETC)	211. LOCATION STREET		CITY OR TO	own	COUNTY	STATE
ATTENDS supple or ECTOR, A difference or at Head		22a. I certify that (I)_11 saw the deceased above, (I) (wertake	alive an_		19		nd that in (my) (our) opin	nion death	to	ate and hav		
by the h by the h ERAL DIRI State Dep		22d. PHYSICIAN'S NAM	el ?	E die	Un ha)	DEGREE ATTENDIN PHYSICIA 22e ADDRESS	NG MI	EDICAL STA	FF CIAN [Sept 85
to Hoser to Fund be should be with the 5	22	Donald E	. Dil	Llon, M		ALLE CO C	2901 Olne			ng Rd.	, Olne	y, Md.
BP		Burial, CREMATION, RE SPECIFY) Burial JNERAL DIRECTOR		Sept. 3			scus Meth		Damascu;			ry, Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 [1	offin L. Mo	leswo	orth,P.	A., Damas	cus,		OCT	2 1985		MAR'S SIGNA	TEL .

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T. D. Belessorts, I.I., Delessor, Md.

281010	1 - STATE CERT	ATE OF MARYLAND F HEALTH AND MENTAL HYGIENE 5 2 6 1 4 3 IFICATE OF DEATH REG. NO.
/	PECEASED NAME GEORGE MELEONARD	LASTDAYMUDE TO DEATH MONTH DAY YEAR TO HOUR
pooge 3	GEORGE LEONARD	DAYMUDE 9/30/85 10:38
oge 4 mo)	MALE WHITE ME	O - YRS.
deoth. Po	mD. USA WIDO	RIED A NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WED DIVORCED MONTGOMERY MD.
by the filled will	SILVER SPRUG 11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	CARE CENTER CONTRACTOR PLUMBING
AND 21:	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIO 136. SAME 137. CITY OR TOWN MONT . ROCKVILLE	13d. INSIDE CITY LIMITS? 131 53505 MANOR VILLAGE LANE
MARYLAN ed within 2 ond 2 shou	FATHER'S NAME WILLIAM MIDDLE DAYMUDE	15. MOTHER'S MAIDEN NAME MARY MARY MIDDLE BUTTS LAST
BALTIMORE,	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO (YES) (YE	
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DHMH - 16 50M 4/82 (VRA 15, 4)	74 FUNERAL DIRECTOR FRANCIS H. BARBER LAYTONSVILLE, MD	20879 250 ATE PEC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

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		STATE OF MARYLAND	1 A 12							
254142	FOR 1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 5 2 0 1 9								
12 12 10	REGISTRAR	CERTIFICATE OF DEATH REG. NO.								
	I DECEASED NAME FIR	Ze. DATE OF DEATH	DAY YEAR 26 HOUR							
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a po	3 SEX	4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS							
Poge 4 ma I director. p	Male	Caucasian Oct. 11, 1902 82	TOTAL MINE							
Pour Phou	70. BIRTHPLACE (STATE OR FOREIC	Th CITIZEN OF WHAT COUNTRY?	OF DEATH							
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within 5	14 FATHER'S NAME	MIDDLE LAST FIRST MIDDLE	FAST							
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edical edical	160 WAS DECEASED EVER IN U	J.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT AD 4400 E	ast West Hwy							
S. Po	(YES NO OR UNKNOWN) (IF	527-09-5053 Nancy E. DeMaria Bethes	da, MD 20814							
8 0 0 1 0 1 0 1 0 0 1 0 0 0 0 0 0 0 0 0	18. CAUSE OF DEATH (Er PART I. DEATH WAS O	nter only one couse per line for (a)(3), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
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£0 1169	218. ACCIDENT WAS UNDERLY									
34 955 20	. OR CONTRIBUTING CAUSE	E OF DEATH HOUR A.M. MONTH DAY YEAR								
20 1111/	(IF ETHER, NOTIFY MEDICAL EX	71e PLACE OF IN JURY 211 LOCATION								
and the party	ALLIAN LOND AND IT	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE							
Att att	AT WORK AT WORK	s hospital) attended they closed from 19.50, to	19 65 that (IV(we) lost							
A 2 0 3 1 5	saw the decensed of	19 0 5 , and that in my (our) opinion death occurred on the date and hou								
F P P P P P P P P P P P P P P P P P P P	27% SIGNAPORE)	did not view the body one; death. DEGREE	22c. DAT SIGNED							
0 1 0000	Kak	ATTENDING MEDICAL STAFF PHYSICIAN DORECTOR PHYSICIAN	19/5/85							
14 9 18 3 7	224 PHYSICIAN'S NAME	(TYPE OR PRINT)	MISSET HWY							
P P P P P P P P P P P P P P P P P P P	RALP	4 M COANMO BETHESDA MI	20814							
9 2 2 3	23a BURIAL, CREMATION, REM	NOVAL 23h DATE CON+ 236 NAME OF CEMETERY OF CREMATORY 23d LOCATION								
99 BP 99	Burial	9, 1985 Mt.Calvary Cemeterly Cheektowag	a, New York							
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR ROD	Pert A Dimphrey Fineral 250 DATE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURD							
(VRA 15, 4)	Homes, P.A.	Bethesda, Maryland 20814 SEP 9 1935	Maria and Maria							

8/10/81 Con - 10/2 10/3 Maple M. Stewer ALTER W. COPULAND IN BETTER TO A DE LAS

STATE OF MARYLAND WRAY DIX DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 276043 CERTIFICATE OF DEATH REGISTRAR REG NO . DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Melgrove Wrav Dix September 23, 1985 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR HOURS Female Caucasian May 9 1885 100 To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Virginia United States WIDOWED TX DIVORCED [Montgomery IL CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Brinklow O Pinebark Court Housewife Own Home JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
38 STATE 1136 COUNTY 1136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Montgomery Brinklow NO X 10 Pinebank Court 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Americus Dunton Virginia Brooks 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 226-92-4022 Catherine B. Juneau. no Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO OR AS A CONSEQUENCE OF HEART FaiLURE Hmon ongestive Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NON 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN CAROL JEAN Smil 1220. ADDRESS 230 BURIAL CREMATION REMOVAL 231. NAME OF CEMETERY OR CREMATORY Seventh Day Advent-ist Church Cemetery 9-27-85 BP Burial Kilmarnok, Virginia 24 FUNERAL DIRECTOR Elmore & Haynie Funeral Home 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR DHMH - 16 50M 7/77 (VR A 15 (4)) P. O. Box 578, Kilmarnok, VA 22482

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

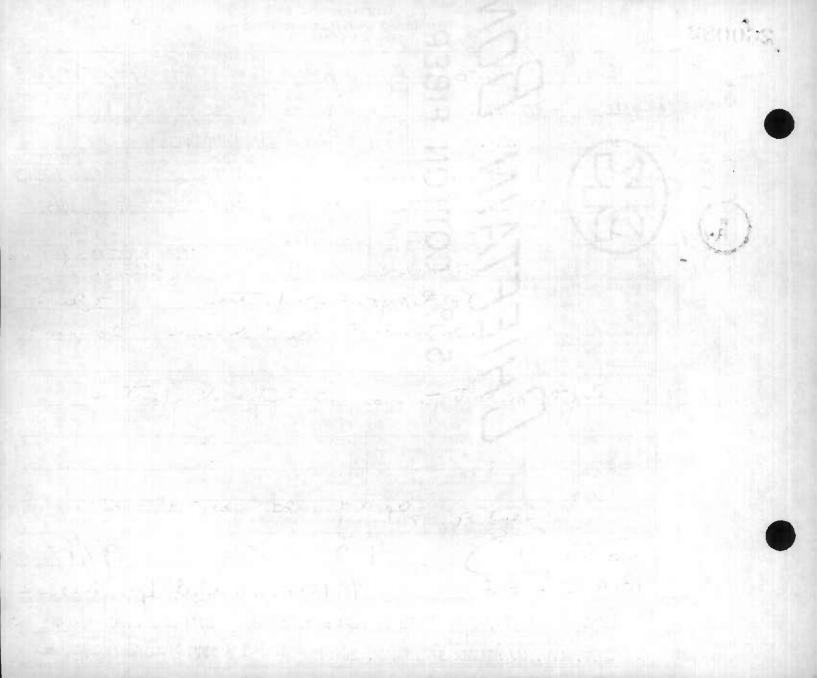
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9		REGISTRAR				CERTIF	ICATE OF DEAT	п		REG. NO.				
2	1-DEC	EASED NAME	FIRST	,	MIDDLE	L	LAST		2a DATE OF	DEATH MO	NTH D	AY YEAR	26 HOUR	0
	TAME	ORPRINT) EM	na	Jai	18	Don	ovan			9	-9	-85	7-24	M
	3. SEX	(14	RACE		5. DATE C			6 AGE INY	EARS LAST BIRTHDA		IF UNDER I YEAR	IF UNDER 24 HE	_
	F	CMALE	CA	AUCASIA	N	MONTH		3	8	32	YRS.	ONTHS DAYS	HOURS MI	N.
2		RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRI	IED [9 BALTIMO	RE CITY OR C	COUNTY	OF DEATH	371	
2		RGINIA	550	U.S.A.		WIDOWE	4.7		MON	ITGOMER	У			MD.
C	10 CI	TY OR TOWN OF DEA	TH 11		HOSPITAL, NURSI		OR OTHER INSTITUTI	ION		OCCUPATION K FOR MOST OF W		126. KIND (OF BUSINESS	BAY
9	ST	LVER SPRIN	IG	HOLY		SPITA	L		SECRET			EXPRE		1CY
-	USUA 13a. S	AL RESIDENCE (IF NURS	NG HOME OF OT		GIVE RESIDENCE BEFO		113d. INSIDE CITY LI	AA ITS 2	12a STREET	ADDRESS / Z	IP CODE			
7		ARYLAND		GOMERY	ROCKVIL		YES XX NO		4414			ET	20853	
-	-	THER'S NAME			LAST		15. MOTHER'S MAI	DENNAM	ΛE	WIDDLE				
1	100	CHARLES	MIL	DDLE	MIT	Z	OTT	İΕ		WIDDLE		ORBAU	ĞH	
-		AS DECEASED EVER			166 SOCIAL SEC		17 INFORMANT	DAUG	HTER	A90380	8 RO		SPRING	DR.
		NO OR UNKNOWN)	HE YES GIVE V	NAK OK DATES]	714-10-	9540	MARY BEL	LLE M	ULLEN			E.MD.	20853	
		18 CAUSE OF DEAT	H Enter only	one cause per	line for (a), (b), o	nd (c							ONSET AND DEAT	IH.
		PART I. DEATH W	AS CAUSED	/	Tent	emus	Kirles	who	who	-		3	E red.	
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		gave rise to imn	nediate	DUE TO O	R AS A CONSEQU	IENICE OF							0	
		underlying cause		1000 10,0	R AS A CONSEQU	JENCE OF								
		PART 2 OTHER SIGN	UFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMI	INAL DISEAS	E QR CONDIT	ION GIVE	N IN PART 1	a	=
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1	CERTIFICATION	190. DATE OF OPERAT	pu	196 COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		20a AUTO			WERE FIND	NGS USED	- 100
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7	E E	210. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH [DAY YEAR	21¢ HOW INJURY	OCCURR	ED (ENTERNA	TURE OF INJURY IN	N ITEM 18 PA	ART I OR PART 2)		
	SAL	OR CONTRIBUTING C		P.		19								
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	2	AT WORK AT WOL	HLE .	(**************************************	THE TOWN, OT THE	, , , , , , , , , , , , , , , , , , , ,								
		220.1 certify that (1)		_	e deceased from	an	19 F Pu	23	, ta	b sho	, 1	922	that (I) (we) I	ost
		saw the decease abave, (I) (we) (a	d alive an 🍱	view the bady	after death	, 01	nd that in (my) (aur)	apinian d	leath accurre	d an the date	ond havi	and fram the	causes stated	
		17% SIGNATURE) 1	1		L	DE GREE ATTEN	10,110	MEDICAL	STAFF		271. 9ATE	SIGNED.	
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1		216 PHYSICIALYS NA	WE LIANT OFF				27e ADDRESS					1,/		
		LOTAIN	EH	FIG			1710120	era	war	Auto	YIN	my K	12090	2
		URIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR CREM		23d LOCA	OR TOWN		COUNT	5(4)	
		BURIAL				TE OF	HEAVEN MA			SILVER			MONT	M1
	24 FL	INERAL DIRECTOR	FRANC		COLLINS			250 DATE	REC'D. BY R	EGISTRAR 256	REGISTR	AR'S SIGNA	TURE	
		500 UNIV.	BLVD.	, W., SIL	VER SPRI	ING, MD	. 20901	SE	1 13	1905	الكرهاان	widon-i	larborar	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

Washington St. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE George R. Snowden Rockville, MD 20850

246 N.

23c NAME OF CEMETERY OR CREMATORY

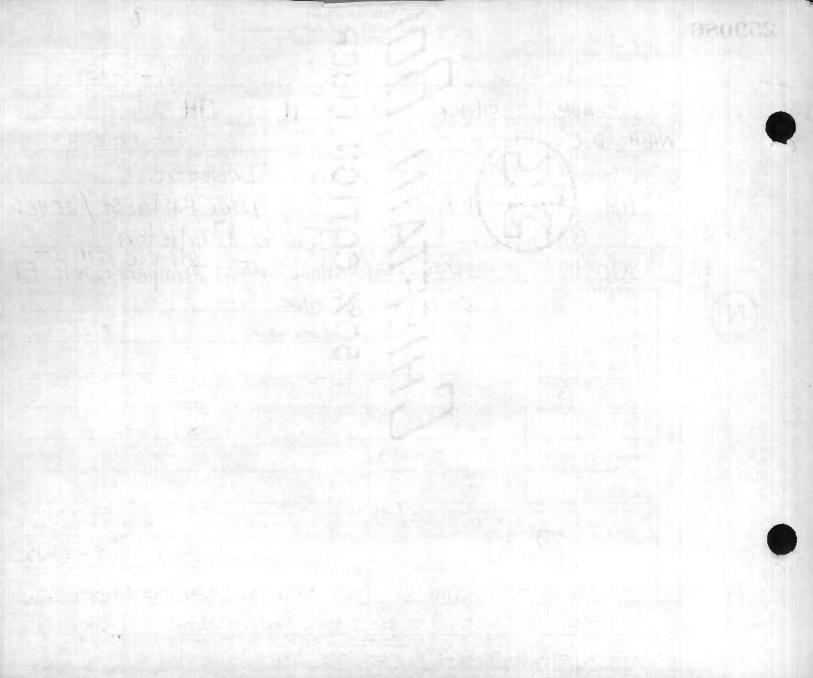
Md Nat'l Mem. Park

23b. DATE

9-10-85

23d LOCATION

Laurel, PR. Geo, MD



STATE OF MARYLAND

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

2	6	1	5	U

REGISTRAR			CEKTIF	ICATE OF DEATH	REG. N	0.		
I DECEASED NAME FIRST	A	AIDDLE	E.	AS1	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
RICHAR	D C	T DU	COTE		SEPTEMBER	28	1985	1:07 p
3 SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATS	IF UNDER 24 HRS
MALE	CAUCASI	IAN	NOVE	MBER 11 1922	62	YRS	1 1 1 1 1 1 1 1	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	R COUN	TY OF DEATH	
ALABAMA	UNITED	STATES	WIDOWE		MONTGOMER	Y		MD.
CITY OR TOWN OF DEATH		OSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND (OF BUSINESS OR
BETHESDA		L HOSPITA			RETIREL)	U.S	S.ARMY
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COUL ST.	NTY	GIVE RESIDENCE BEFORE A 13¢ CITY OR TOWN LEONARDI	1	13d INSIDECITY LIMITS?	13e STREET ADDRESS RT 1 BOX 1	ZIP CO	DE 20650)
4 FATHER'S NAME	authbur.	7241		15. MOTHER'S MAIDEN NAM				
RICHARD	J	DUCOTE	-51	CATHERI	MIDDLE		cc	NNOR
60 WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	ESS		
YES YES 1941	-1974	439-14-72	297	TERRY M DUC	OTE RT1 BO	X 11	1B LEONA	ARDTOWN M
18 CAUSE OF DEATH (Enter or	nly one couse per	line for to1, (b1, and	IC.	Symmetry Committee			APPROX	ONSET AND DEATH
PART I. DEATH WAS CAUSE		EXSANGUINA	MOTTA					
	DUE TO, OI	R AS A CONSEQUEN	NCE OF	T OF THE C 1 OF		- TA T		
Conditions, if ony, which	(b)	HEMORRHA	GE		TRO INTESTI	.NAL		
gove rise to immediate cause (a), stating the	DUE TO, OI	R AS A CONSEQUEN	JCE OF	METASTATIC TR				
underlying couse lost	(-10)			CELL CARCINOM	A			1000
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION	SIVEN IN PART 1	0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	TIBL CONDI	TION FOR WHICH O	DEDATIO	N WAS PERFORMED	200 AUTOPSY?	Tank IE V	ES, WERE FINDS	NCS HEED
DATE OF OPERATION	140 CONDI	TION FOR WHICH C	DPERATIO	N WAS PERFORMED	1000	IN CER	TIFYING CAUSES	OF DEATH?
210. ACCIDENT WAS UNDERLYING	7 216 TIME O	F IN ILIRY	-	21c HOW INJURY OCCURR	YES X NO		YES X	NO 🗌
On CO. ITAMILIA CO. ITA	ATH HOUR A.	M. MONTH DAY	Y YEAR	I TO WASON OCCORN	LED TENTER NATURE OF INSC	K) IN II EW (S PART (OR PART 2)	
CIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.: PLACE (19	211 LOCATION				
		EET, FACTORY, OFFICE FAR	RM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
220.1 certify that (I) (this hosp	tal) attended th	and despected from ST	Marror	BER 28 19 85	to SEPTEME	ER 2	810 85	that (1) (we) last
saw the deceased hips at	SEPTEMBI	SR 28 10 6		nd that in (my) (our) opinion d				
22h SiGNATURE	waw the body	aftergrath.	1	DEGREE			22c. DATE	SIGNED
Jonahle 1	n. In	K Istmu	USAR	MA ATTENDING	MEDICAL STA	FF /	700	FPXE
224 PHYSICIAN'S NAME (TYPE	OR PRINT		01 - 19 - 19 Land	PHYSICIAN [HOSPTTAF.		MEDICAT	COMMAND
F.M. MARTIN I	T MC. USI	V		NATIONAL CAP				
30 BURIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	23d LOCATION	, ,	TATIONES I	20027
BURIAL	10/2/			ON NATIONAL	ARLINGTO	ON. A	RLINGTON	V. VA.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene priar to

marked or Hem 18 shows

MPORTANT: If them 21 is

24 FUNERAL DIRECTOR

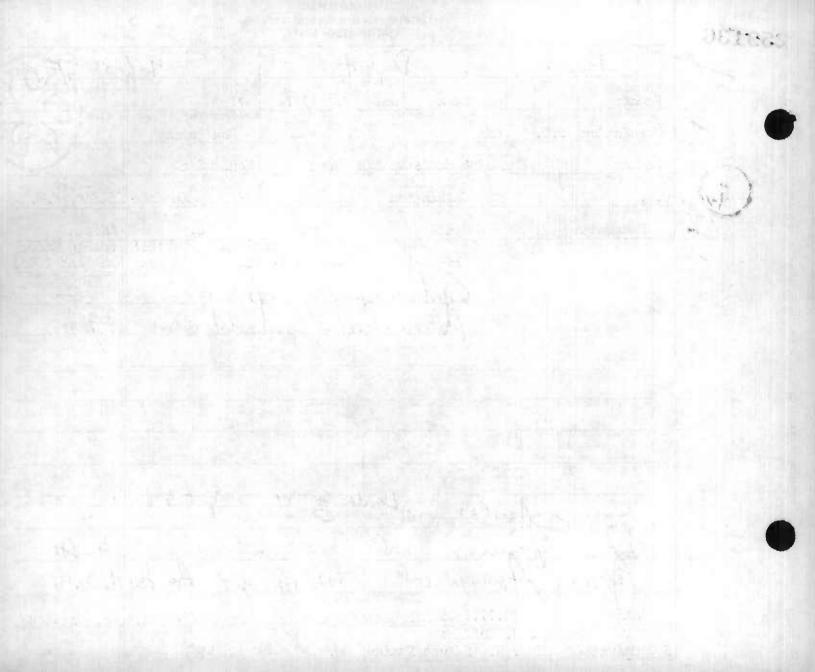
EDWARD N. BRINSFIELD, JR., LÉONARDTOWN, MD.

DEPARTMENT OF HEALTH AND MENTAL HYGIENEL - STATE REGISTRAR DECEASED NAME KNOWN AM (TYPE OR PRINT) ESTI-DEATH MATED Twiss Edward Dunlap 6. AGE (IN YEARS | IF UNDER 1 YR. DATE PRONOUNCED June 9, 1901 84 YRS Ma1e Caucasian DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH New York MARRIED NEVER MARRIED United States County, Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Architect Bethesda U.S. Gov't. Suburban Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION | 13d. INSIDE (ITY LIMITS? | 13e. STREET ADDRESS | YES | NO 19 9000 Saunders Lane Bethesda Maryland 20817 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Edith Edward Dun1ap Slater Twiss 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 14005 Parkvale Road Edward S. Dunlap Rockville, Md. 20853 578-40-4056 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY INFARCTION MYOCARDIAL DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which OARNOVASCULAR DISFASA ARTERIOSCLEROTIC gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DIABETES MELLITUS 190 DATE OF OPERATION 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR POR CONTRIBUTING CAUSE OF DEATH DIED IN BED 21 1965 21e PLACE OF INJURY 211. LOCATION AT WORK NOT WHILE 5901MADISON O 220 I certify that I took charge of the remains described above, held an Autopsy Accident Hamicide / Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUR TO FUNERAL D AFTER DEATH, BALTIMORE, M. EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial Parklawn Memorial Park Rockville BP. Robert A. Pumphrey Funeral Homes, 250 DATE REC'D. BY REGISTRAR'S SIGNATURE OF SEP 30 1085 Suha Davidson-Homes **DHMH - 17** (VR A15 ME (5)) P.A., Bethesda, Maryland 20814

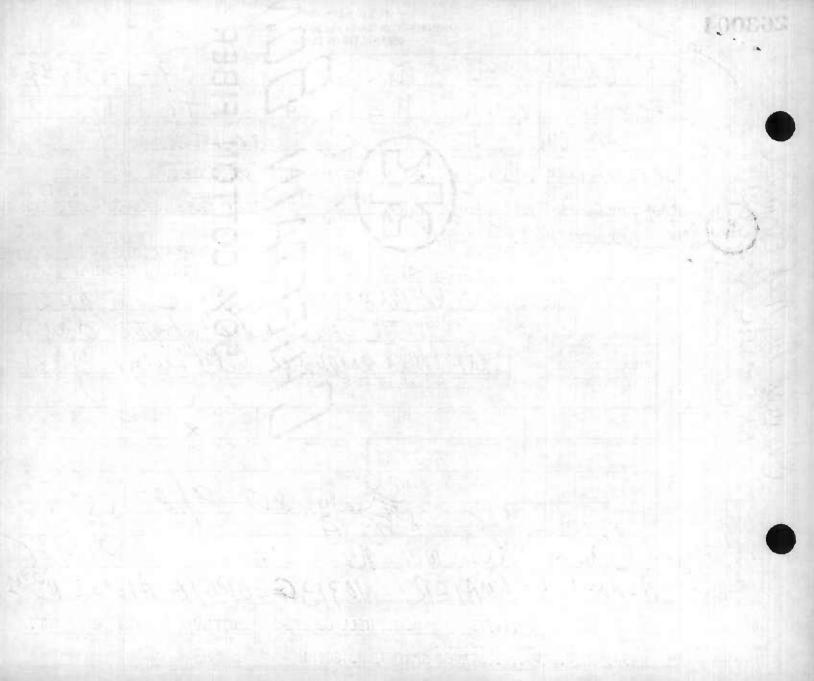
STATE OF MARYLAND

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18	1	REGISTRAR CERTIFICATE OF DEATH					REG. NO.					
		CEASED NAME FIRST	M.	Du	RKIN	Tyric 1	20 DATE OF DEAT	H MONTH D	P-PC	HOUR Y		
, o	3. SE	LAURIE	1 RACE	I DATE	OF BIRTH	,	6 AGE (IN YEARS LA	T BIRTHINAY)	IF UNDER LYEAR IF	UNDER 24 VRS		
the 4 m	J. SE.	EMALE	WHITE	MON	TH O	YEAR O9	o MOE (INTERNSEA	76 YRS		OURS MIN.		
8 49 /4/	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	OUNTRY? 8	ED DEVER M	ARRIED -	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	The A In		
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		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMAN					REEK DRIVE		
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5 5 7 8 8 8		URIAL, CREMATION, REMOVAL	236 DATE		CEMETERY OF C		23d LOCATION	N .	COUNTY	STATE		
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DHMH - 16 60M 7/84	24 FU		CIS J. COLL		110 000	OFF	REC'D. BY REGISTI		rar's signature			
(VRA 15, 4)		500 UNIV.BLU	N.,W.,SILV	EK SPKING,	MD. 209	UI OLI	1 3 1985	Juna vill	Augare-Mark			



Ives-Pearson Funeral Homes, Arlington, Va.

263113

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

ANDOVER

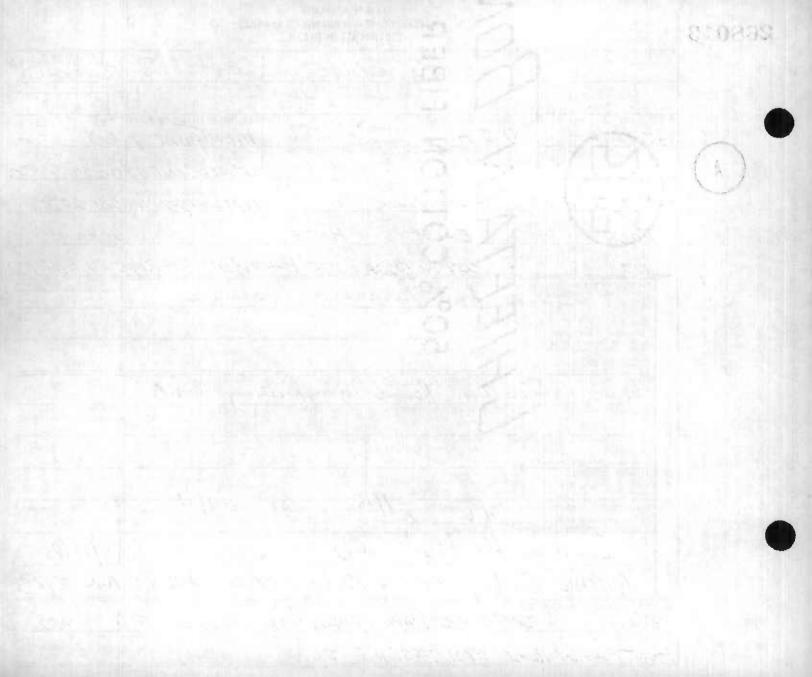
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.

- STATE REGISTRAR REG. NO. 20 DATE OF DEATH DECEASED NAME MONTH TYPE OR PRINTS 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH DAYS YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE KNITOR H.G.5m 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE YES Z NO E FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE UNKOWN ADES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per lige for 10) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PARTY2 OTHER SIGNIFM ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR ONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO | YES | 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN COUNTY STATE STREET NOT WHILE AT WORK 22 120 | certify that (1) (this haspital) attended the deceased from that (I) (we) last saw the deceased olive on_ , and that in (my) (our) opinian death accurred an the date and have and fram the causes stated above, (1) (we) (did) (did not) view the bady after death. 37 SIGNATUA DEGREE 22c. DATE SIGNED ATTENDING . MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ma 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION

(VRA 15, 4)

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4



DHMH - 16 60M 7/84

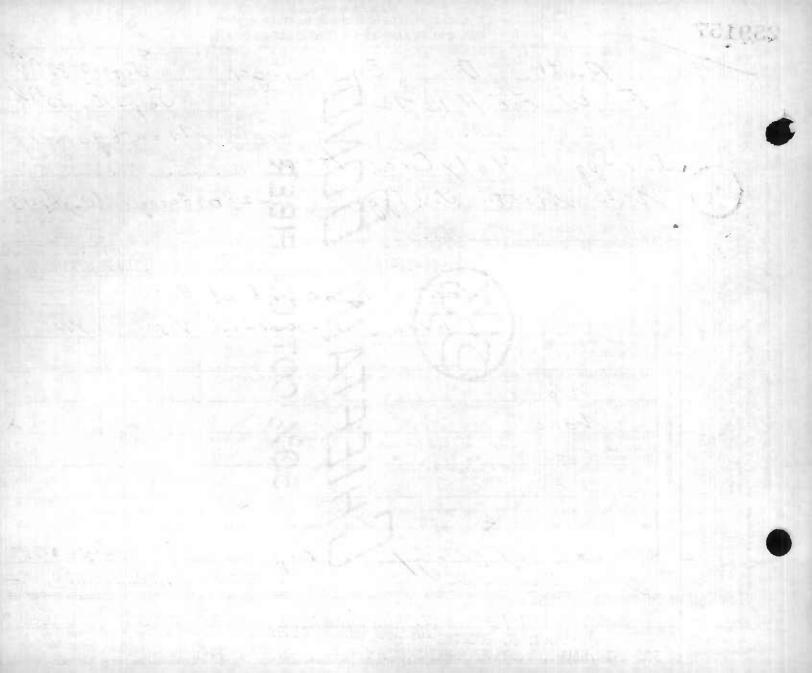
(VRA 15, 4)

2DONALD MI OSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W. WASHINGTON, D. C

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH 260127 REGISTRAR REG. NO DECEASED NAME FRSERIC MIDDIE Edmonston, Jr. 20 DATE OF DEATH MONTH LIYPE OR PRINTS EVIC 080 SM & AGE (IN YEARS LAST BIRTHOAY) 4. RACE S. DATE OF BIRTH IF LINDER 24 F 3. SEX Whi te February 5. 1918 67 Male BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DOUMRY U.S.A. WIDOWED La UNU DI 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Gambler LIAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 113b. COUNTY Chevy Chase 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 3602 East West Highway NO [Maryland ontgomery IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDIE MIDDLE Edmonston Elsie Eric Ashby 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 578-18-5183 Mrs. Carole M. Edmonston, Wife, Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: CARDIOPULMONARY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SHOCK Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF MASSIVE ANTERIOR WALL MYDGEDIAL INFARTION underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOR YES | NO F 21a. ACCIDENT, WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 211 LOCATION 214 INJURY OCCURRED COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from August 31 August saw the deceased alive an August 31 and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated above. In (we) (did) (did not) view the body after death. 224 SHINATORE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN Sull te 002 77 I PAYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 20 0 1145 19th St., N.W., Washington, DC Steven D. Lerner, MD 23d LOCATION 236. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY Suitland, Maryland Cedar Hill Crematory Cremation 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTR DHMH - 16 50M 4/83 "Ave., N.W., Washington, DCss 20016 Gretie Davidour-Handalle (VRA 15, 4)

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. /		ASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26 H
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PLEAR FOLICE HOUR STREE	3 SE	A RACE S DATE OF BIRT	H 6 AGE (IN YEARS IF L	UNDER 1 YR. IF UNDER 24	HRS. 2c DATE	MONTH DAY YEAR 24 HOLE
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D 1 # # 0 2 5	70 B	HPLACE (STATE OR 76 CITIZEN OF	WHAT COUNTRY?		- 9 BALTIMORE CITY	OR COUNTY OF DEATH
お客名主音		INSYLVANIA U.S.A	MAR	RRIED NEVER MARRIED	1	-r -
AST S	12			DWELX DIVORCED		no gameryas
三年20日	10.0	OR TOWN OF DEATH	OSPITAL, NURSING HOME, OR O'	THER INSTITUTION	20. USUAL OCCUPATION (T) FOR MOST OF WORKING LIFE)	OR INDUSTRY
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E 213977	130 S	RESIDENCE IN JURSING HOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION)	113d. INSIDE CITY LIMITS? 11:	3e. STREET ADDRESS.	BUREAU
日 名 田草地	4	use Monte.	Ory Spa	YES NO NO	23 09 Feor	reservalus XXXV3
9	14. F.	HER'S NAME	LAST	15 MOTHER'S MAIDEN	NAME	LAST 20902
BALTIMORE, MD. 2120: GIVE PACKS) 12 GIVE PACKS) 12 TITH FORM PM PACKS LAND (HOUR WISION CAMP REFA	1	FIRST MIDDLE	DIETZ	EDNA	MIDDLE	STONER
O 00 0 70 -	16a \	S DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.		GHTER ADDRES	
E ##5.68	0	NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	202-20-1693		MMONS	SILVER SPRING NO.
06 104 10		CAUSE OF DEATH (Enter only one cause per li		I MAKTUN STI	MINIONS	APPROXIMATE INTERVAL
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PRESTON ST. ITHIN 24 HOU CIL IN ITEM 16 FER ALONG Y ANSIT PERMIT REMOVAL.		Canditions, if any, which	C L L	11. 11.2.0	1.1 17.0	1 Mys
	-	gave rise to immediate (b)	Chronic,	ITLY OURT	arst big	, ,,,,
TW.		lying cause last.	OR AS A CONSEQUENCE OF	The state of the s		
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		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL DISE	EASE OR CONDITION GIVEN IN PART	1 0	
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EXAM CERTI OULD B DIRE		ACTUAL ///		TITLE (SPECIFY)		DATE SEAN 1019 BT
A H H H H H H H H H H H H H H H H H H H	4	SIGNATURE	/ Corge 1 d	M.D. Dep -	MEDICAL EXAMINER	SIGNED
MEDICAL CUTE THE SE 4 SHC FUNERAL TWORE,		XAMINERS NAME JOHN S. ROO	GERS	1919 S	EMINARY RD. S	SILVER SPRING, MD.
TO MEDICAL E EXECUTE THE OF PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, N)	TYPE OR PRINT)		ADDRESS		
AUSTA9	23a.B	RIAL, CREMATION, REMOVAL 236 DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d. LÓCATION CITY OR TOWN	COUNTY STATE
07/84 BP		BURIAL 9/14/85		VANGELICAL		ISHIP CUMBERLAND P
25M DHMH - 17	24. F	VERAL DIRECTOR FRANCIS J. GO	LLINSLUTHERAN CH	HURCH CEMENTERED		GISTRAR'S SIGNATURE
(VR A15 ME (5))		OO UNIV BIVD W. SILVE	R SPRING MD. 20	901 SEP	13 1985 Julia	Davidson-Randall



DHMH - 16 50M 4/83

(VRA 15, 4)

734 PHYSICIADES MAME

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Saced Marefat, M. D.

Judean Memorial Gardens Olney. DONALDOMSTOSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

73c. NAME OF CEMETERY OR CREMATORY

3800 Reservoir Road. N. W., Washington, D. C.

Montgomery,

2h. HOUR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REGISTRAR REG. NO I DECEASED NAME 7a DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT Elizabeth Evans roar 4 RACE & AGE LIN YEARS LAST BIRTHDAY 5. DATE OF BIRTH IF LINDER LYEAR 21 1932 White Female 53 TO BIRTHPLACE ISLATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Jersev WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN Village Square Terr. 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Rockville YESXX 20852 NO [15. MOTHER'S MAIDEN NAME Saunders Frances Murphy WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN I (IF YES GIVE WAR OR DATES) Same as Item 13 a-e 140-24-8356 Glenn G. Evans APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220 | certify that (1) (this haspital) attended the deceased fram saw the deceased alive an_ and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated abave, (1) (we) (did) (did nat) view the bod after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

d b

00

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial

22d. PHYSICIAN

Rockville Pike Rockville.

23c NAME OF CEMETERY OR CREMATORY Parklawn Mem. Park

22e ADDRESS

Rockville

Maryland

24 FUNERAL DIRECTOR 1 Y SOIL Wheeler Funeral Home LNG 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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Tilliam G. Saumdars . Frances . Maria

				STATE OF MARYLAND		
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in 72 hours of once		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? China	MARRIED NEVER MARRIED NIVORCED	Mon gomery	OF DEATH MD.
t affect of with ed	Ta	ikoma Park	11. NAME OF HOSPITAL, NURSING WAShing on Adven	Hospi ^t al	120 USUAL OCCUPATION (TYPE OF WORK FOR 1951 O WORKING LIFE) ASSISTANT Mana	industry Hotel
(r)3]3a. S	Maryland Mor.	other institution give residence before try lac city or town atgomery Gaith	ersburg X no	13e.STREET ADDRESS / ZIP CODE 2 Framingham	Court 2087
100/95	14. F.A		Fang	Is MOTHER'S MAIDEN NAM		Wangiasi
Poge medical		VAS DECEASED EVER IN U.S. ARA			ADDRESS Vei same as 13e	
requires that the death certificate is signed by the offending physic it. Then please remove carbon pape or to burial, cremotion, or removal y injury, or ather troumotic event, it	TION			NCET CASTLE OF THE TERM		N IN PART 110
The low icion. te hos be assi permit grene pri	CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		YES NO YES	ING CAUSES OF DEATH?
G PHYSICIAN: ottending phys or this certifico the buriol-tran and Mental Hy ked or Item 18	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEA IF EITHER, NOTIFY MEDICAL EXAMINER: 21d. N JURY OCCURRED WHILE AT WORK AT WORK	TH HOUR A.M. MONTH DA	Y YEAR 19 21f LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	COUNTY STATE
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-IMH - 16 50M 4/83 (VRA 15, 4)	24. FI	NAME Tyson 1331 Rockvill	Wheeler Funer e Pike, Rockvi	Home, Inc. 20852E	P 25 1985 gilla um	AR'S SIGNATURE

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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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CERTIFICATE OF DEATH

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11349			

Virginia

BY REGISTRAR 235 REGISTRAR'S SIGNATURE

1985 Julia Davidson-Mandala

	REGISTRAR						REG. NO	٥.		
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3 SE		4	RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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Ro	ckville		Collir	igswo	od Nurs	ing Home	Homemaker		Own I	lome
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	sow the decea	sed alive on_	Septem	ber2	519.85 on	d that in (my) (🛣) opinion d				
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	22d PHYSICIAN'S					22e ADDRESS			DOPE	,,1
	John	D. Gr	iswold	l, M.I	D.	4830 V Str	eet, NW, W	ashi	ington,	D.C.
3a E	BURIAL, CREMATION	I, REMOVAL	236 DATE S	ent	23c NAME OF C	EMETERY OR CREMATORY	123d LOCATION			
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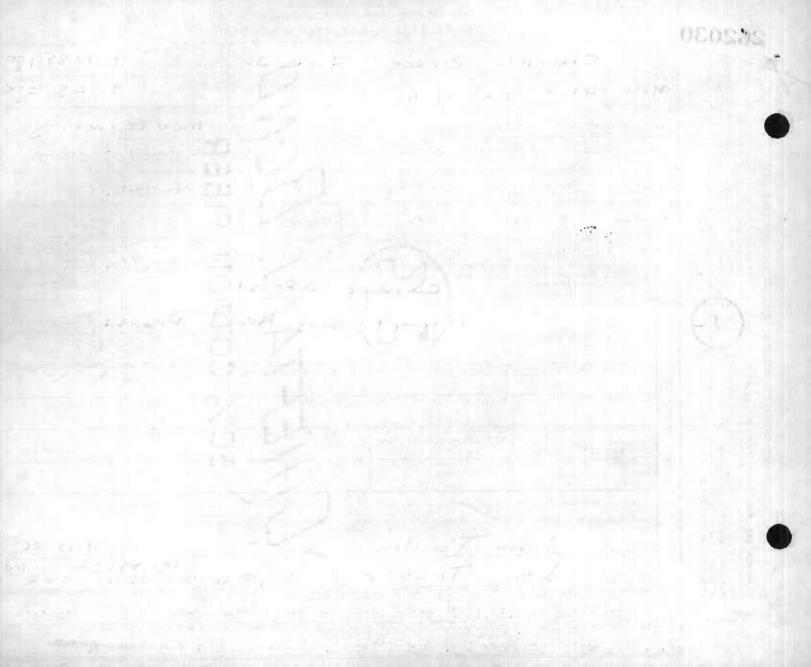
24 FUNERAL DIRECTOR

²⁴ FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES, P.A., ROCKVILLE, MARYLAND

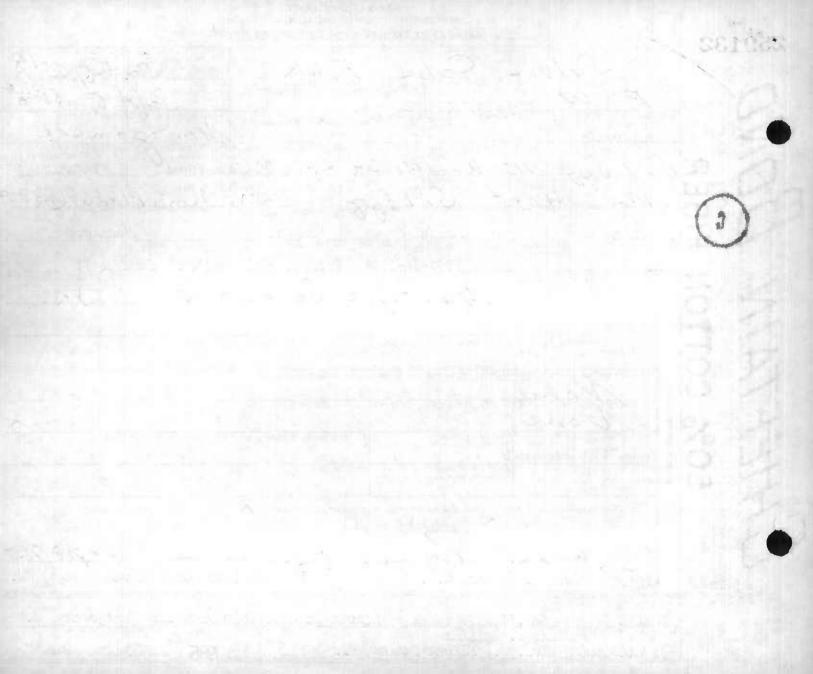


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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2	SIG	MINER'S NAME OR PRINT)	1 Jo	hu bu	To	ubei	M.D	DDRESS_S	3	EDICAL EXAM	INER CON	DATE SIGNED	9-12-	
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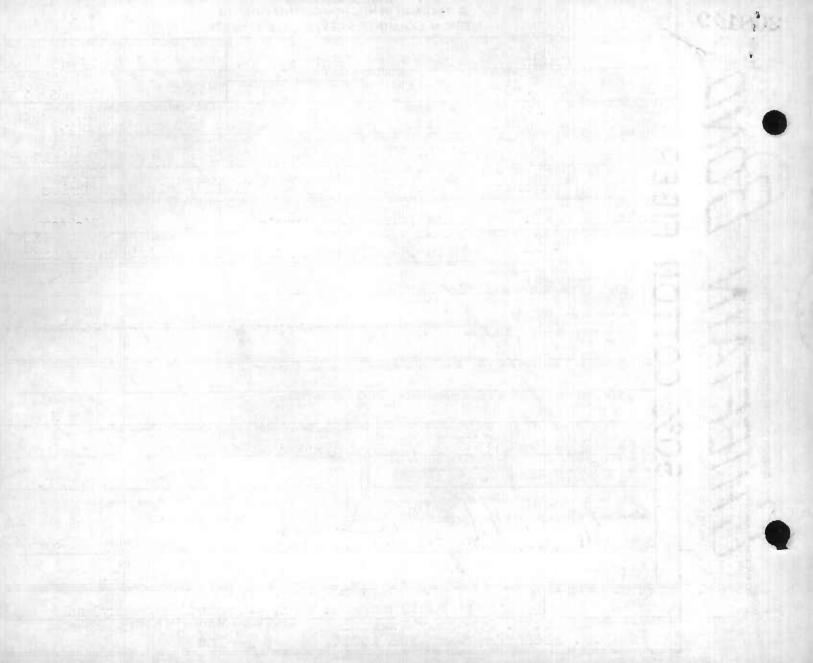
STATE OF MARYLAND



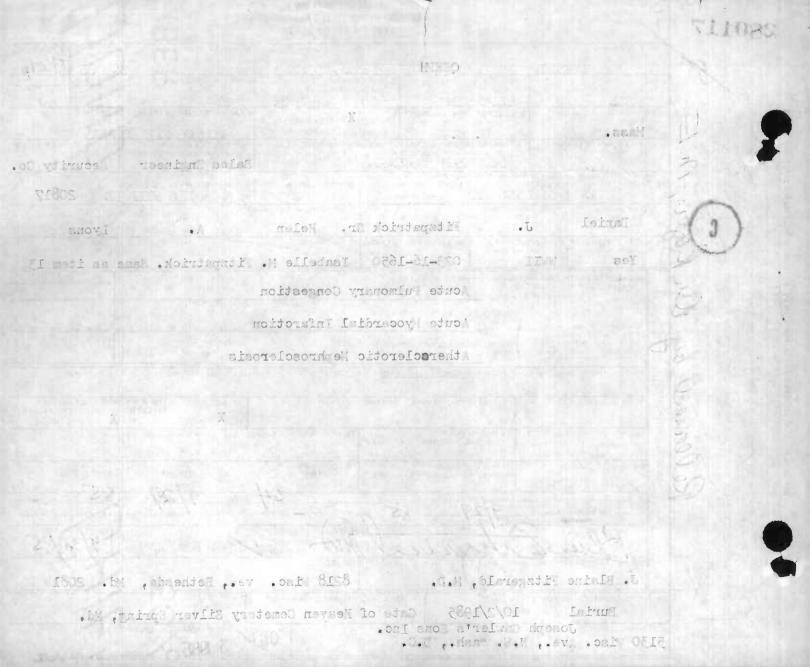
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE RESISTRAR 259132 REG. NO. DECEASED NAME 20. DATE KNOWN DE MONTH ATTIVE ON PRINTS DEATH MATED IF UNDER 24 HRS DATE MONTH VEAD LAST BIRTHDAY) PRONOUNCED DEAD THE BIRTHPLACE MARRIED NEVER MARRIED Pennsylvania DIVORCED II NAME OF HOSPITAL NURSING HOME OR OTHER NO 1131 A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Claudel Yanalavage Margaret WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) LIF YES GIVE WAR OR DATEST 197-24-2994 Husband Same as 13 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DAVE OF 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK CITY OR TOWN COUNTY Inspection 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from: Accident Natural causes Suicide Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL 1919 Seminary Road Silver Spring. Md. EXMINERS NAME John S. Rogers, A.D. **ADDRESS** The BURIAL CREMATION REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Sep. 11. 1985 | Gate of Heaven Cemetery | Silver Spring Montgomery Md. Burial 07/84 2544 HE FUNERAL DIRECTOR Francis J. Collins 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** 500 University Blvd. W. Silver Spring, Md. Time Daydoon-Pandelle (VR A15 ME (51)



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STATE OF MARYLAND



STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

King David Mem. Garden DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

Falls Church. COUNTY Virginia

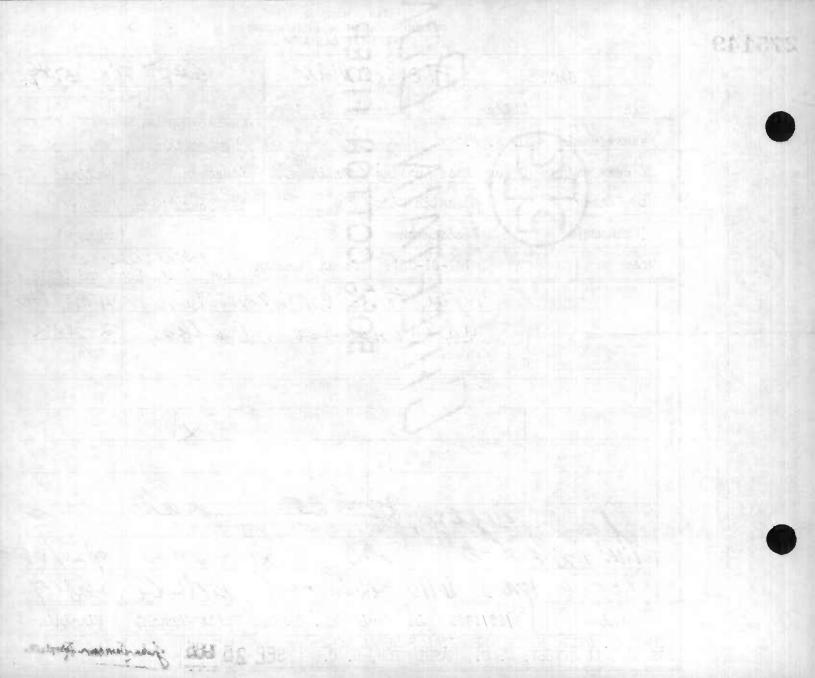
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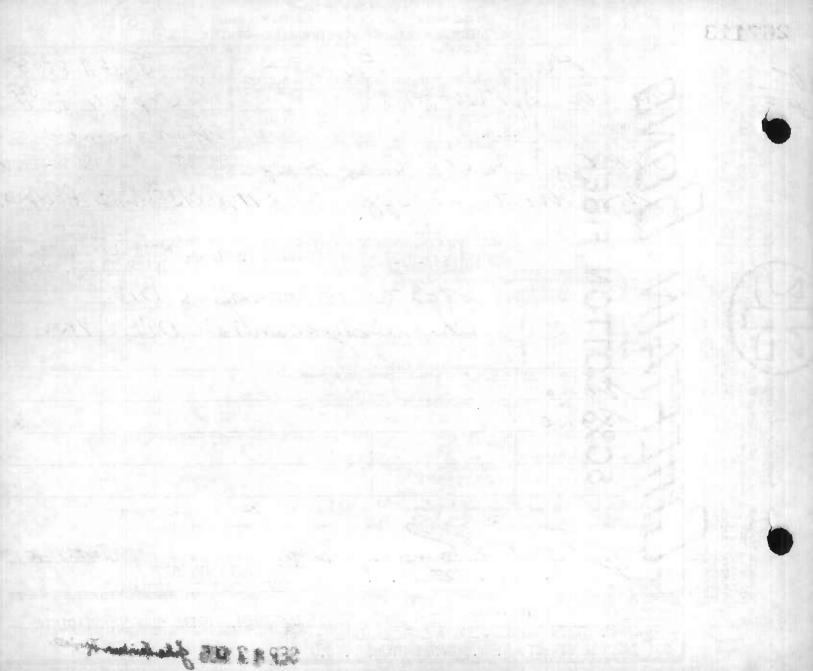
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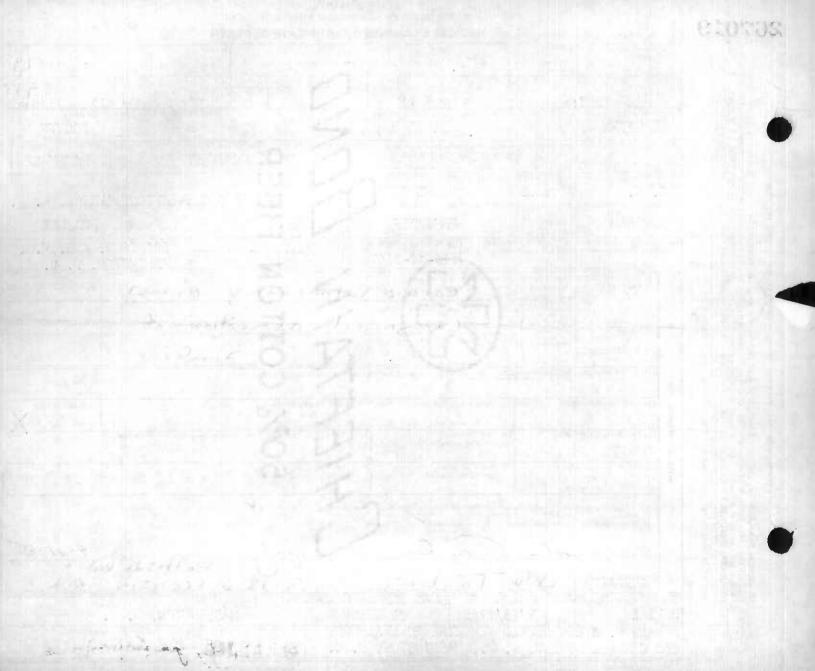


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 277133 - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF Elizabeth Fleming THIN 72 HOURS Anne DEATH MATED 19 85 4 RACE IF UNDER 1 YR 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Female. 21. 1891 9/30 White Sep. 94 19 85 DEAD 76. CITIZEN OF WHAT COUNTRYS TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Montgomery County NORTH DAKOTA DIVORCED IISA CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Silver Spring 601 Sligo Avenue, #213 - RE HOUSEWIFE ELLENDALE P.O. BOX 374 58436 DAKOTA YES [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME JOHN REHBERG MARY CATHERINE SCHENECKE PETER WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT DAUGHTER ADDRESS 109 LEDER ROAD (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 507-20-4623 PHYLLIS FALCAO SILVER SPRING, MD. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROMOTE AND THATH PART I DEATH WAS CAUSED BY: Acute myocardial disease. IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) None CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY LATHOME. 21d. INJURY OCCURRED III. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natusal causes X death resulted from-Suicide Homicide Undetermined manner DATE SIGNED. 9/30/85 SIGNATURE 1919 Seminary Road DYECUTION OF TO FUN John S. Rogers, M.D. Silver Spring, Montgomery County, Md. ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL 10/5/85 ST. HELENA CEMETERY ELLENDALE 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 256 REGISTRAR DHMH" - 17 UNIV. BLVD., W., SILVER SPRING. MD. (VR A15 ME (5)) in my door gande

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BALTIMORE, MD. 2120	R DEATH. IF ANY AGES 1, 2, AND NRM PM 3. RETA LAND 2 SHOUL VOEWRAIRECO	14. F.	ATHER'S NAME WAX PST	MIDOLE S. ARMED FORCES?	FLISS	YES 15 M	OTHER'S MAIDEN NAME FANNY FORMANT	ARDRESS 209	SCHACTER OLD COLUMBIA PI
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•	MEDICAL EXAMINER: THE COURT HE CERTIFICATE WE GE 4 SHOULD BE FORWARD FUNERAL DIRECTOR: PARTER DEATH WITH THE STALL WORGE, MARYTAND, 211		220. I certify that I tack of death resulted fram: ACTUAL SIGNATURE		Topos		MEDIC 1919 SEMIN	Inquiry , ond in mined manner ,	DATE SUPPLIES
07/84 25M	BP DHMH - 17 (VR A15 ME (5))	24 D	URIAL CREMATION, REMOV URIAL ONALDREMIOR STEI NAME CARROLL ST	9/13/198 N HEBREW MI	EMORIAL FUNE	METERY OR CREATING TO THE MEMORIAL HOME	MATORY 23d. LOC CITY OR RIAL GARDEN 250. DATE REC'D. BY R		COUNTY STATE



STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE 267019 - STATE REGISTRAR REG NO DATE KNOWN I. DECEASED NAME TYPE OR PRINT :15 MARC FONOROFF DEATH MATED 09 11 10 85 4 RACE 3 SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAYL PRONOUNCED DEAD MALE WHITE 1895 19 19 85 01 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED NEW YORK COUNTY U. S DIVORCED V ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS HARDWARE SUBURBAN HOSPITAL **RETHESDA** SUAL RESIDENCE 20008 none 13d. INEXOE CITY LIMITS? 13e STREET ADDRESS CONNECTICUT AVENUE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ABRAHAM FONOROFF ROSE RASNER 17 INFORMANT 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 4500 CONN. AVE., N.W. NONO, OR UNKNOWN) ROSALIE FONOROFF. 578-48-3167 WASHINGTON D. C. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY Cardio Pulmonar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which arynaeal gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 :0 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21s. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 714 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY 228. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Undetermined manner Natural causes Homicide ACTUAL SIGNATURE EXAMINER'S NAME 8158 WECONSIN RUS (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE WASHINGTON, D. C. STATE BURTAL 9/13/1985 CEMETERY DUNALDOMSTSTEIN HEBREW MEMORIAL FUNERAL HOME 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** 232 CARROLL STREET. N. W., WASHINGTON, D. C. (VR A15 ME (5))

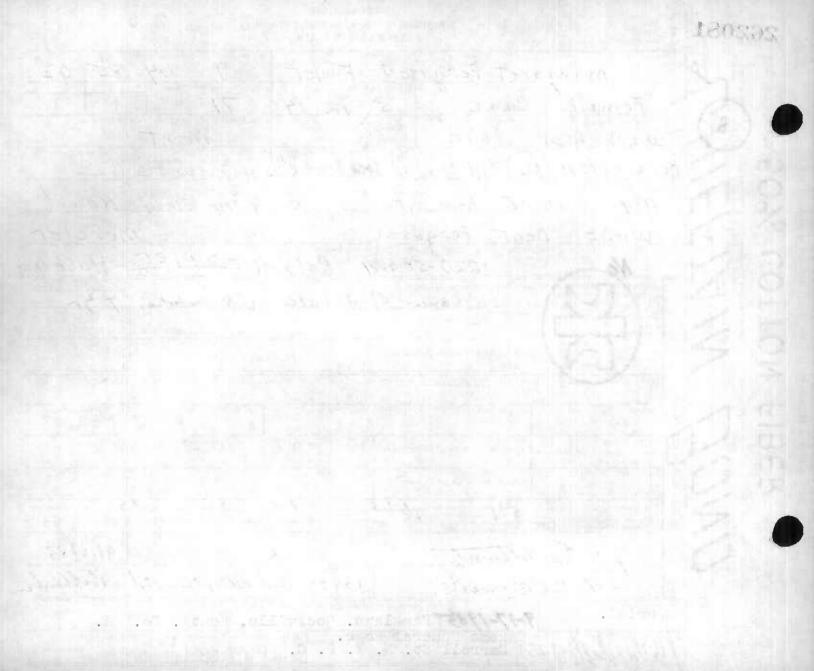


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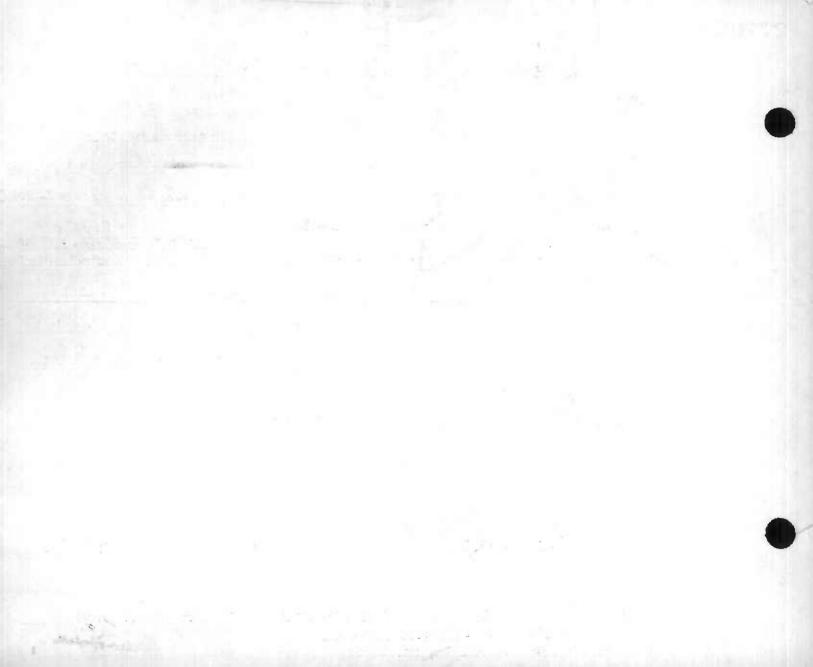
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NDI SI or USE A Health		220 1 certify that (1) (this hospital) ottended the deceased from	2 100	1984	, to	, 19.		ot (I) (we) lost
ATTE ospite ECTC d for t of m 2]		sow the deceased alive on above, (I) (we) (did) (did not)	view the body ofter death.		that in (my) (our) opinion d	leoth occurred on the d	ate and hour ar		
by the haby the haby the haby the haby the haby the haby the electroched Stote Dept ANT: If then		226. SIGNATURE 2 R. There	Willewart	D	ATTENDING PHYSICIAN	MEDICAL STA		3/16	185
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

(VRA 15, 4)

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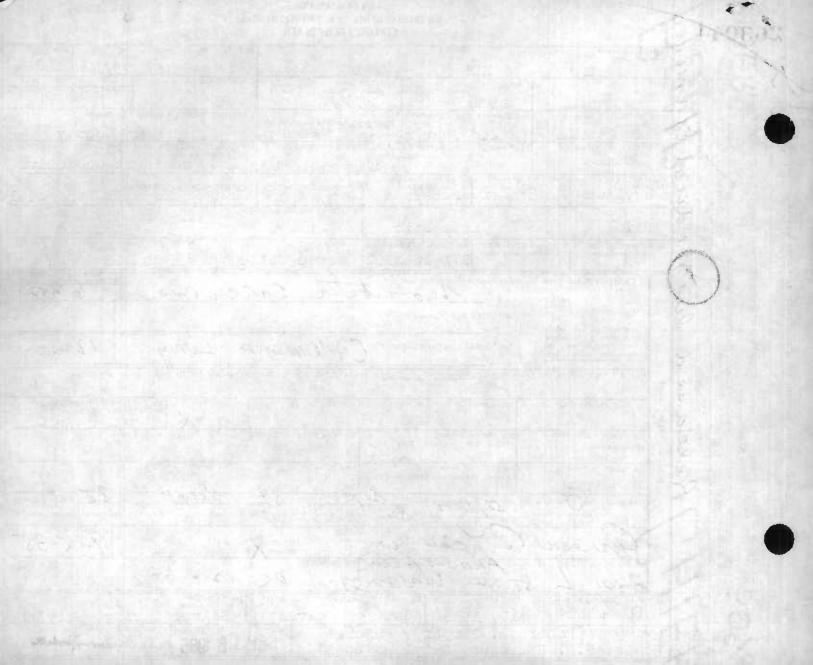
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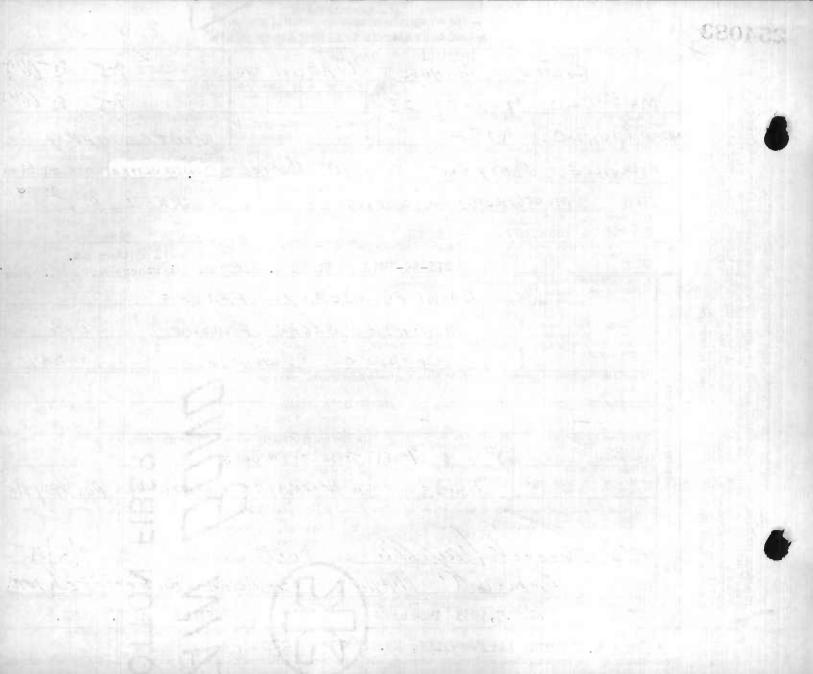
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AND 212		or other institution give residend UNITY Itgomery Bet	E BEFORE ADMISSION) R TOWN NESDE CITY LIMITS? YES NO X	13, STREET ADDRESS / ZIP COD 5225 Pooks H	ill Road/20814
MARYL and within	14. FATHER'S NAME Eli FIRST	MIDDLE Krizm	anic Kathryn	********	Zoretic
IMORE, I	160 WAS DECEASED EVER IN U.S.	CRIE WAR OR DATECT	L SECURITY NO. 17 INFORMANT 26-3992 George Ga.	lich, same as	#13
RDS, 201 W. PRESTON ST., equires that the death certific in signed by the cit ratio in the burial, crematic injury, or other tremmen.	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	ONLY ONE COUSE PER LINE FOR (a), ATE CAUSE (a), DUE TO, OR AS A CON (b), DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTIN	ISEQUENCE OF	ACCINIMAL AB LUNG MINAL DISEASE OR CONDITION GR	1 VUOS-
AL RECO	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES
N OF VIT. SICIAN: 1 certificate uriol-tronsi Aental Hyg	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ILE ETHER, MOTHEY MEDICAL EXAMINATION OF THE STATE OF T	DEATH HOUR A.M. MONT		RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
DIVISION OF DIVISION OF CORENding plants certificate this certificate the only of the buriol-time of the buriol-time of the only decrease of the only decrea	AT WORK AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC } STREET	CITY OR TOWN	COUNTY STATE
ATTENDIO ospitol or ECTOR: A d for use n 21 is mo	sow the deceased olive	spital) attended the deceased on	ond that ir (my) (our) opinio	n death occurred on the date and had	
TAL OR by the his state of the factorial	Grusea	1 La Low	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9-15-85
TO HOSPITA etorined by TO FUNERA should be de with the Stot	2201 L	STENU. L	ASHINGTON D.	2 20037	
BP	Entombment	17, 1985	Gate of Heaven	Silver Spr.	ing, Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)	14 FUNERAL DIRECTOR Robe		DEEZZ T CHICLAI	EP 1 6 1985	TRAR'S SIGNATURE

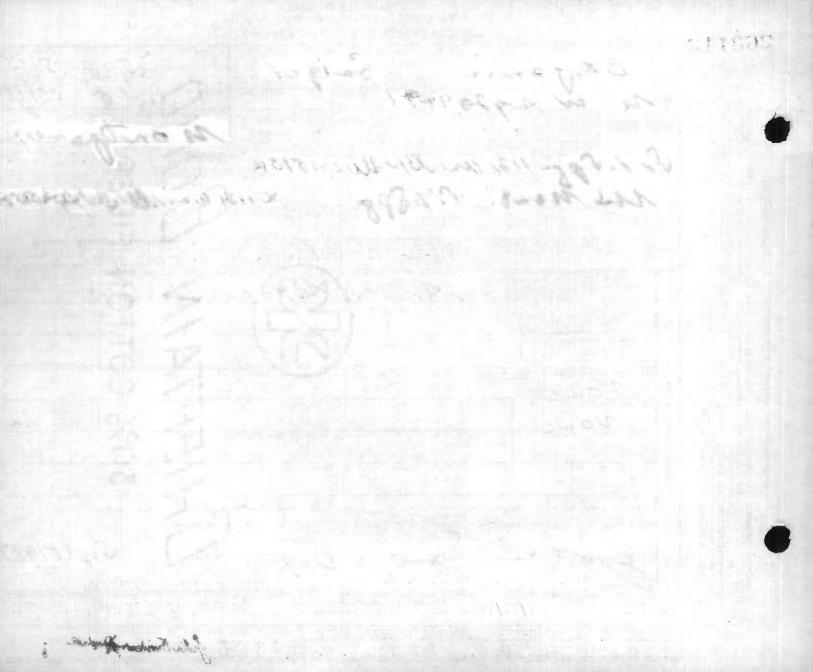


STATE OF MARYLAND STATE REG. NO DECEASED NAME MICHAEL 20 DATE KNOWN MONTH GEORGE GARDINER 2h HOUR (TYPE OR PRINT) ARDINER MICHAEL DEATH MATED -EOR GE DATE LAST BIRTHDAY) PRONOUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON WIDOWED DIVORCED 120 USUAL OCCUPATION III CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Construction Harite Equip. operator In STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 20879 MONTGOMER. GAITHERSBURG 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE GEORGE IGNATIUS GARDINER ELLEN ANN BOHRER 17. INFORMANT 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 212 Hutton St. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-54-5918 ELLEN A. Gaithersburg, Md. GARDINER 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CARDIO PULMONAR IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which ORGAN MULTIPLE gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. OVERDOSE COCAINE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 to 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSEWAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR 19 85 TOOK OVER DOSE CONTRIBUTING CAUSE OF DEATH 21E LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY NOT WHILE AT WORK AT WORK -0 22a I certify that I took charge of the emains described above, held an Autopsy Undetermined manner SIGNATURE XAMINER'S NAME TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATOR 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE BURIAL SEPT.9,1985 PARKLAWN MONT. MD. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** FRANCIS H. BARBER LAYTONSVILLE, MD. 20879 SEP (VR A15 ME (5)) 20M 4/B2



DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE REGISTRAR 263112 1. DECEASED NA 20. DATE KNOWN TO MONTH TYPE OR PRIST BENJAMIN GEIGER DEATH MATED 6 AGE (IN YEARS) . LINDER 3 SEX LIF LINDER 24 HRS DATE MALE THE CIT P.NOF WIST COUNTRY To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEA NEVER MARRIED NEWNYORK MONTGOMERY COUNTY 10 CITX OR TOWN OF DEATH SILVER SPRING BOULEVARD, WEST SUAL RESIDENCE (IF 20902 MONTGOMERY ROTHWAX MORRIS GEIGER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 1 INFORMANT VESNO, OR UNKNOWN) 116-32-2192 HARRIET G. BREZIL. SILVER SPRING, MARYLAND 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART | 10 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UNDERLYING 21e PLACE OF INJURY LATHOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Natural causes Accident Hamicide ____ TITLE (SPECIFY) MAMMEDR. JOHN S. ROGERS. M. D. SILVER SPRING, MARYLAND 2349/11/1985 ELMONT. LONG ISLAND, NEW YORK 07/B4 250. DATE REC'D. BY REGISTRAR 150 NEGISTRAR'S SIGNATURE 24 DUNIALDIRECTOR STEIN HEBREW MEMORIAL FUNERAL HOME **DHMH - 17** 232 CARROLL STREET, N. W., WASHINGTON, D. C.SEP (VR A15 ME (5))

STATE OF MARYLAND



ld b

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

saw the deceased alive on

21e PLACE OF INJURY

9-5-1985

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 22a.1 certify that (1) (this hospital) attended the deceased fra

HOUR A.M. MONTH DAY YEAR

211 LOCATION

22e ADDRESS

and that in (my) (our) opinian death occurred an the date and hour and from the couses stated ATTENDING

PHYSICIAN X DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED 9-4-1985

COUNTY

23g. BURIAL CREMATION REMOVAL

Cremation

WISEMAN, M.D. JON

5410 Connecticut Avenue N.W., Wash, DC

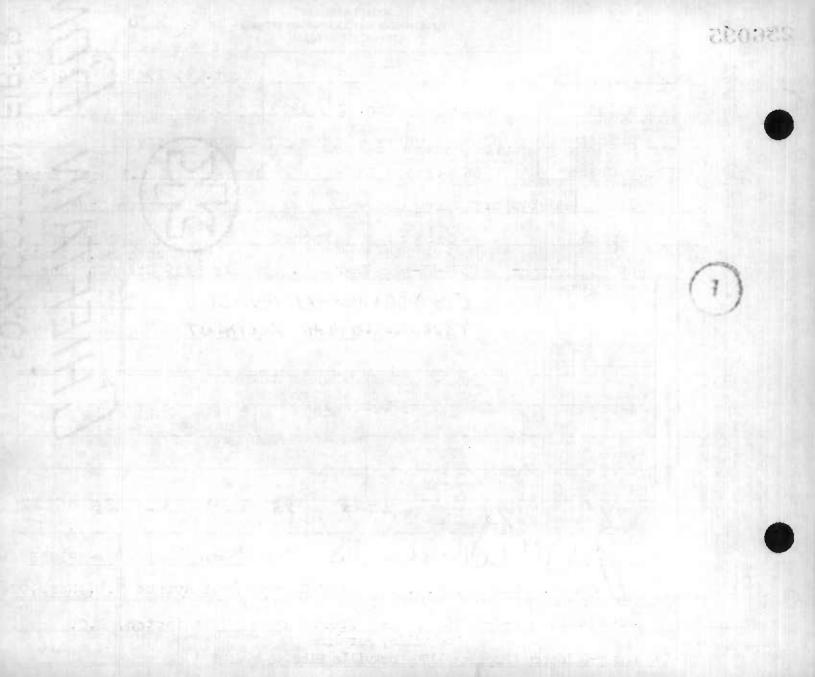
DHMH - 16 60M 7/84

Danzansky-Goldberg Chapels: 1170 Rockville Pike

Lee Crematory Washington, D.C. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Rockville, Maryland

23c NAME OF CEMETERY OR CREMATORY

(VRA 15, 4)



STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CEKITI	ICATE OF DEATH	REG. NO	O.		4 4 1
	1 DECEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH OA	YEAR	2b HOUR
	(TYPE OR PRINT) CLEMENT	INE	GERS	ON			9-22	2-85	1455 PM
-	3. SEX	4 RACE		5. DATE C		& AGE (IN YEARS LAST BIR		UNDERTYEAR	IF UNDER 24 HRS
4	Female	Whit	e	Decer		89	YRS	NTHS DAYS	HOURS MIN.
Λ	70 BIRTHPLACE (STATE OFFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	FDEATH	
	Germany	u. s	. A.	WIDOWE		MONTGO	MERY	1 (CO . MD.
	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATE		12b KIND C	F BUSINESS OR
	BETHESDA	SUB	URBAN	He	SPITAL	Housewife	P WORKING (IFE)	Own 1	Home
	13a STATE . 113h COUN	OTHER INSTITUTION STY 30MELY	ROCKVILL	4	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 6121 Mont	ZIP CODE	ad 2	0850
1	14 FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		1.45	
	Joseph		Rothsch	ild	Lina	MIDDLE	(Unasc	ertain	lable)
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR		17 INFORMANT	4 Kirkfil	eld Cou	vrt.	
	(4ES NO PUNKNOWN) (1F YES GIV		210-22-3	631A	Walter Gerso	n Rockville	. Mary	land :	20850
	18 CAUSE OF DEATH (Enter on		line for (a), (b), and	ic.				APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (o)	STROK	E	3,44,45,43			40	layo
		DUE TO, OI	R AS A CONSEQUE	NCE OF					/
	Conditions, if ony, which	(b)_							
	gove rise to immediate couse (a), stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF					
	underlying couse lost	(c)							
	PART 2 OTHER SIGNIFICANT C		4		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	D
	6 CONSESTIVE	E HEI	ART PAIL	URE					
	CONSESTION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	OF DEATH?
	ar T					YES NXXX	YES		NO 🗆
1	OR CONTRIBUTION CAUSE OF DEA	1 21b. TIME O		Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	I I OR PART 2)	
	IF EITHER NOTIFY MEDICAL EXAMINER		Μ.	19					
	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE (OF INJURY	RM ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	AT WORK NOT WHILE			014	0-	- 1/2-		0-	
	22a.1 certify that (1) this hospi	tol) oftended the		771	19 85	to_9/12	. 19	8)	tha (1) we) lost
	sow the deceased alive on	-7112	19_8	1 01	nd that in (my) (our) opinion a	death occurred on the de	te and hour a	and from the	couses stated

DEGREE

22e ADDRESS

should be detached for use with the State Dept of Hea TO FUNERAL DIRECTOR. IMPORTANT: If Item 21 0 BP

certificate has be

Hem 18 shaw

DHMH - 16 60M 7/84 (VRA 15, 4)

RAYMOND 23a BURIAL, CREMATION, REMOVAL ISPECIFY) Burial 23b. DATE 9/23/1985

22b. SIGNATURE

231 NAME OF CEMETERY OR CREMATORY MOUNT LEBANON

ADELPHI

ATTENDING PHYSICIAN

MD.

224. DATE SIGNED 9-22-8

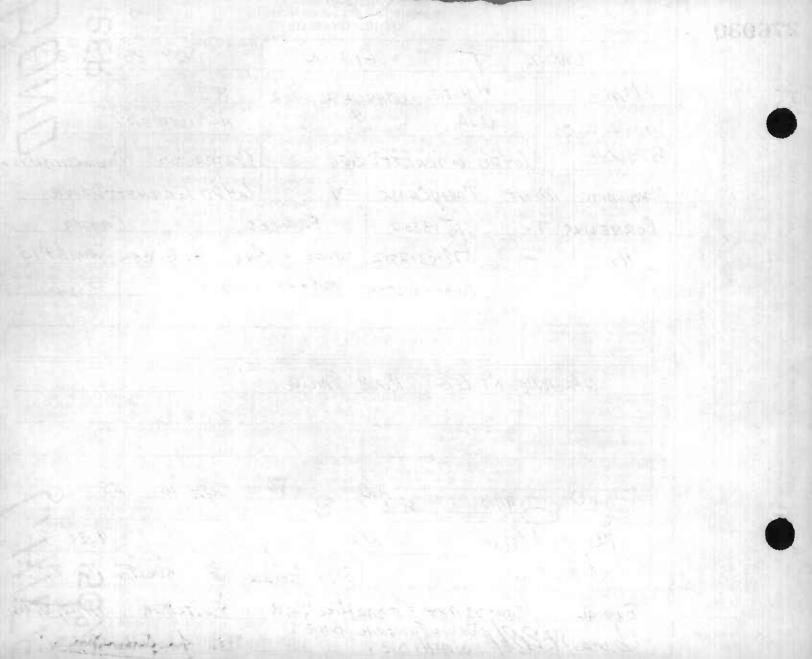
DONALD MIOSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

BASS

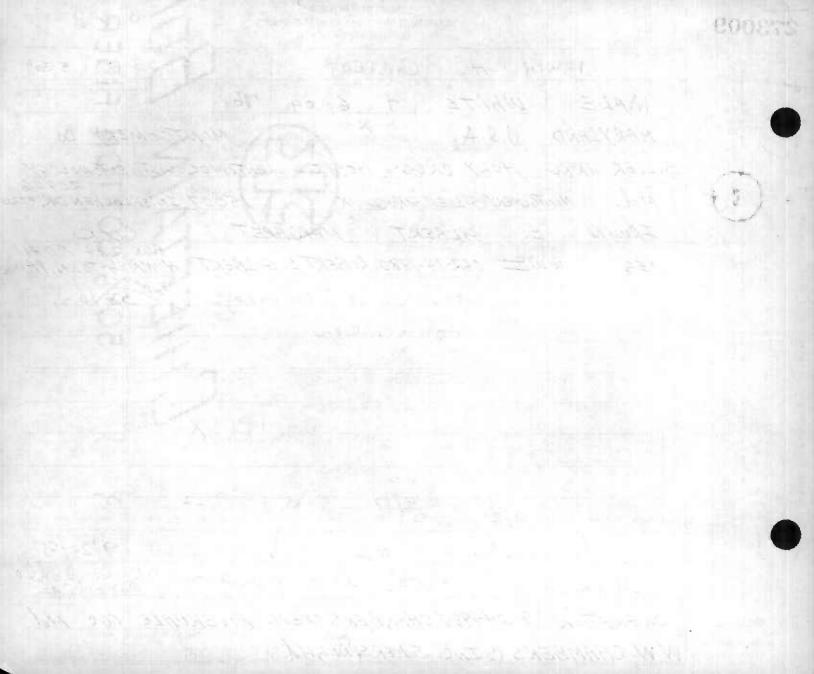
256 REGISTRAR'S SIGNATURE

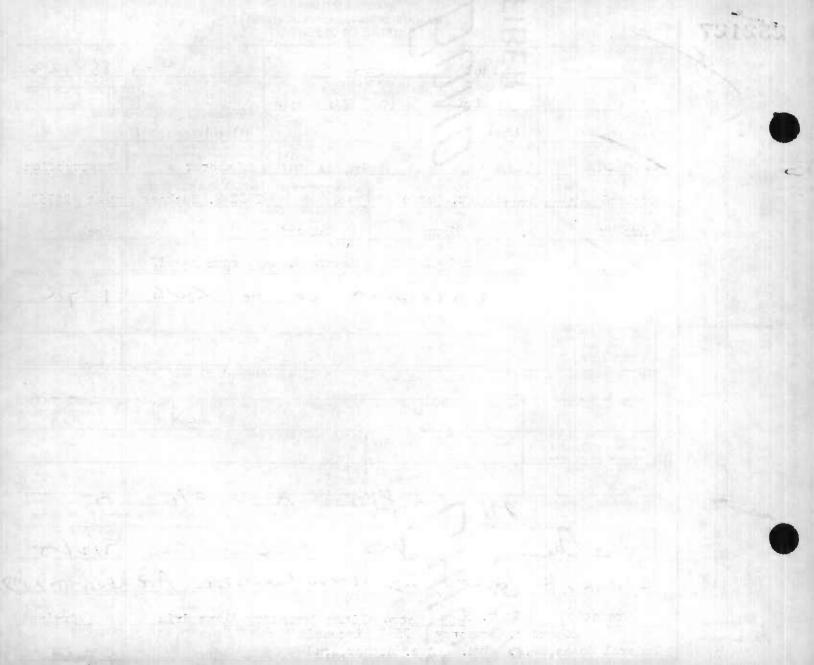
MEDICAL STAFF
DIRECTOR PHYSICIAN

276030	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	6 1 8 3
4 6 6		CEASED NAME FIRST CANTE	MIDDLE	GIBSON	20. DATE OF DEATH MONTH	20 1985 2° PM
A	3. SE	MALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR MARCH 26.1902	6. AGE (IN YEARS LAST BIRTHDAY) YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. S.
	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRYS	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUL	NTY OF DEATH
10	10 5	ETHESOA	11. NAME OF HOSPITAL, NURSI HE NOT IN SUCH FACILITY, GIVE STREE 6420 FARN	ADDRESS) EXT DRIVE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
AND 212	USU 13a.	AL RESIDENCE IN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	NASE YES NO []	130 STREET ADDRESS / ZIP CO	NET DEIVE
MARYL and suffice and suffice	14 F	CORNELIUS T	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	CARTER
THE TOTAL PROPERTY OF THE PROP		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIN	/E WAR OR DATES)	2512 WIFE -	ANN H. 513	
T. BAL		PART I DEATH WAS CAUSE	nly one cause per line for (a), (b), a D BY: TE CAUSE (a)	LEMONE LARDIDUASE	DISPASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the depth of by the untending pase remove corbi- of, cremation, or a		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)			
RDS, 20 againer Their pli ring burit	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
he let loo. On. to permit inne prions ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
I OF VIT. SICIAN: I og physici og physici of physici o		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN JIEM	18 PART I OR PART 2)
DIVISION ING PHYSI of the this of os the bund Meet or when division or the div	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND pital or TOR. A for use of Heal		sow the deceased alwest	ottended the deceased from.	, and that in (our) opinion	death occurred on the date and	hour and from the causes stated
the hos the hose of the hose o		The SIGNATURE HOWMAN	ban	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 9-20-85
O HOSPII		RAYMOND	BASI	3929 Ferra	io A. When	aton 1rd 20906
Re Ease.		BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION CULTURE TOWN	COUNTY STATE
BP		BURIAL	SEPT 23 1985	EDARHILL CEM.	SKITLAND	mayeno
DHMH - 16 50M 4/83 (VRA 15, 4)	24.1	Eme W	DEVOLOGIESA WASH.	Dic. SHP 9	8 1885 4 LA	SUITAGES SIGNATURE



273009	1,	FOR - STATE	TATE CERTIFICATE OF REATH										
210000		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.								
1 21		ECEASED NAME PE OR PRINT) FIRST RW	MIDDLE H.	GILBERT	20. DATE OF DEATH MON	- 23-85 530 M							
10-1	3.5	MALE	I. RACE	5. DATE OF BIRTH MONTH DAY YEAR 9	6. AGE LIN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.							
TZ Noun	7a.	BIRTHPLACE (STATE OR FOREIGN)	CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH							
d de de	de	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE S	WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126 KIND OF BUSINESS OR INDUSTRY							
000	2/03	JAL RESIDENCE (IF NURSING HOME OR OSTATE 1136 COUN	OTHER INSTITUTION GIVE RESIDENCE	ROSS HOSPT. BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS?	ENTOMOLOG 130 STREET ADDRESS / ZIF	70001							
	2	Md. MONI	GOMERY SILVE	RSPING YES NO 1	150077	NTERLACHEN DR #720							
	2	FRUIN WAS DECEASED EVER IN U.S. ARA	E. GILB	SECURITY NO. 17. INFORMANT	RET MIDDLE	Cook							
TIMORI he ever po and Pages Pages	/ [YES, NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES) WAR OR DATES) WAR OR DATES)	14-1880 ROBERT L.	- 10-0	MAN 284 RD #1 MINISTER NO NET AND DEATH BENNER ONSET AND DEATH							
quires, that the death cert quires that the death cert light please remove corbon to burios, cremation, or ren righty, as other troumatis ev	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EDUENCE OF Sion.	NINAL DISEASE OR CONDITIO	ON GIVEN IN PART 11a							
AL RECO	TIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED		D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)							
OF VIII.	A CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL		DAY YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 1B PART I OR PART 2]							
VISION G PHYS G PHYS G the box and Me box and Me box	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE							
TENDA Prof or 108 Ah or use in 21 is more		220.1 certify that (I) (this haspite saw the deceased alive an	9/71		death accurred an the date of	, 19 that (1) (we) last							
TAL OF A y the host with DREC detached detached		abave, (I) (we) (did) (did nat	net	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 9/23/5							
O HOSPIT erained by TO FUNER hould be d with the St	/	220 PHYSICIAN'S NAME I PEOR	DHS. F	VAR 12450 Pa	rklawn	DR Rochable							
BP		BURIAL, CREMATION, REMOVAL	23b. DATE 9-24-1985	231. NAME OF CEMETERY OR CREMATORY CHAMBERS CREM	23d. LOCATION SITY OF TOWN	ALE P.G.C. Md.							
DHMH - 16 60M 7/B- (VRA 15, 4)		FUNERAL DIRECTOR V. W. CHAMBE	RS CO INC.	RESS SIZUER SPRING MA.	EP 26 1985	REGISTRAR'S SIGNATURE							



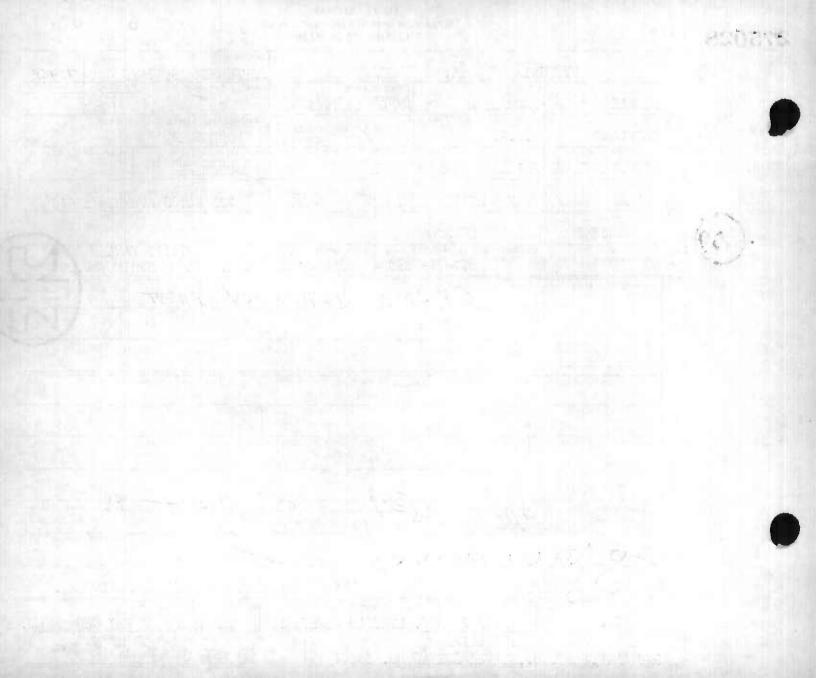


(VRA 15, 4)

STATE OF MARYLAND

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1.	FOR STATE REGISTRAR	DEPARTI	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	0	261	8 /		
	E OR PRINT!	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY YEA	2b. HOUR		
	VICTO						7:45P.N		
3. SE			MONTH	DAY WEAD		MONTHS D	EAR IFUNDER 24 HRS		
7a B			8			TRS.			
	MARYLAND	U.S.A.	WIDOWE	DIVORCED [MONTGOMERY 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
10. C	SILVER SPRING								
13a		OTHER INSTITUTION GIVE RESIDENCE BEFORE	PRING	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 733 SL1	ZIP CODE GO AVENUE	20910		
14. F.					WE		LAST		
100			IDITYANO	IN INSORUANT DALL			17.0010		
	YNOO OR UNKNOWN) (IF YES, GIV	C 144 P OR P - 150)			WNING, SILV	ER SPRING,	MD. 20904		
NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ence of	NOT RELATED TO THE TERM			I lio		
TIFICATI	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH?		
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	1 2)		
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TOW	vn count	STATE		
			, or	d that in (my) (aur) opinion o	eoth occurred on the day	te and have and from	the causes stated		
	228. SIGNATURE	elemin	~	ATTENDING	MEDICAL STAF	F	ATE SIGNED		
	The second secon					ILVER SPRI	NG, MD.		
	BURIAL	9/28/85 FT.		OLN CEMETERY	BRENTWO				
24 F		S J. COLLINSDRESS							
	110. CC USU 130 MEDICAT CERTIFICATION	1. DECEASED NAME FIRST VICTO 3. SEX FEMALE 70. BIRTHPLACE (STATE OR FOREIGN CONTROL OF DEATH SILVER SPRING) 10. CITY OR TOWN OF DEATH SILVER SPRING USUAL RESIDENCE (IF NURSING HOME OR 130 STATE WINKNOWN) 180. WAS DECEASED EVER IN U.S. AR (YNO) OR UNKNOWN) 180. WAS DECEASED EVER IN U.S. AR (YNO) OR UNKNOWN) 181. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAL CONDITIONS) 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE (YNO) OR UNKNOWN) 190. DATE OF OPERATION 190. DATE OF OPERATION 191. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER AT WORK A	THE STATE REGISTRAR 1. DECEASED NAME FIRST WIDDLE (TYPE OR PRINT) VICTORIA L. 3. SEX 4. RACE FEMALE CAUCASIAN 10. BIRTHPLACE (STATE OR POREIGN IN CITIZEN OF WHAT COUNTRY? WARY LAND U.S.A. 110. CITY OR TOWN OF DEATH IN NAME OF HOSPITAL, NURSING SILVER SPRING FATRLAND NURSING WARY LAND WONT GOMERY SILVER SPRING FATRLAND NURSING WARY LAND WONT GOMERY 13. STATE REGISTRATE WILSON HOME OF CITE INSTITUTION GIVE RESIDENCE REFORM IN U.S. ARMED FATRLAND NURSING WARY LAND WONT GOMERY 14. FATHER'S NAME WILSON WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. WOO OR UNKNOWN HE FYES, GIVE WAR OR DATES) 18. CAUSE OF DEATH LENTER ONLY WAS CAUSED BY: 18. CAUSE OF DEATH WAS CAUSED BY: 18. CAUSE OF DEATH WAS CAUSED BY: 19. DATE OF OPERATION DUE TO, OR AS A CONSEQUE UNDERlying cause lost. 19. DUE TO, OR AS A CONSEQUE OR CONTRIBUTING TO IN UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO IN UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO IN UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO IN UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO IN UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING OR CONTRIBUTION OR CONTR	THE REGISTRAR I. DECEASED NAME II DECEASED NAME II RACE II RAC	THE REGISTRAR I. DECEASED NAME I. DATE OF BRITH VICTORIA I. GRADY I. DATE OF BRITH MARCH 24, 1895 I. BASE MARRIED DATE OF BRITH MARCH 24, 1895 I. DATE OF BRITH MARCH 24, 1895 I. DATE OF BRITH MARCH 24, 1895 I. DATE OF BRITH MARCH 24, 1895 I. DATE OF BRITH MARCH 24, 1895 I. DATE OF BRITH MARCH 24, 1895 I. DATE OF BRITH I. DA	TO STATE REGISTRAR I DECEASED NAME I DECEASED NAME I DECEASED NAME I DECEASED NAME I RACE I RACE CAUCASIAN ARCE CAUCASIAN I RACE CAUCASIAN MARKED I B. CITYOR TOWN OF DEATH SILVER SPRING SILVER SPRING SILVER SPRING II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION THOUSEWIFE MARY LAND II STATE SPRING II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION II CITYOR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION SILVER SPRING II FATEL AND MORE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION II STATE SPRING II STATE II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III STATE SPRING III STATE SPRING III NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III STATE SPRING L DECEASED NAME			



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

4739 Baltimore Avenue Hyattsville, Md. 20781

STATE OF MARYLAND

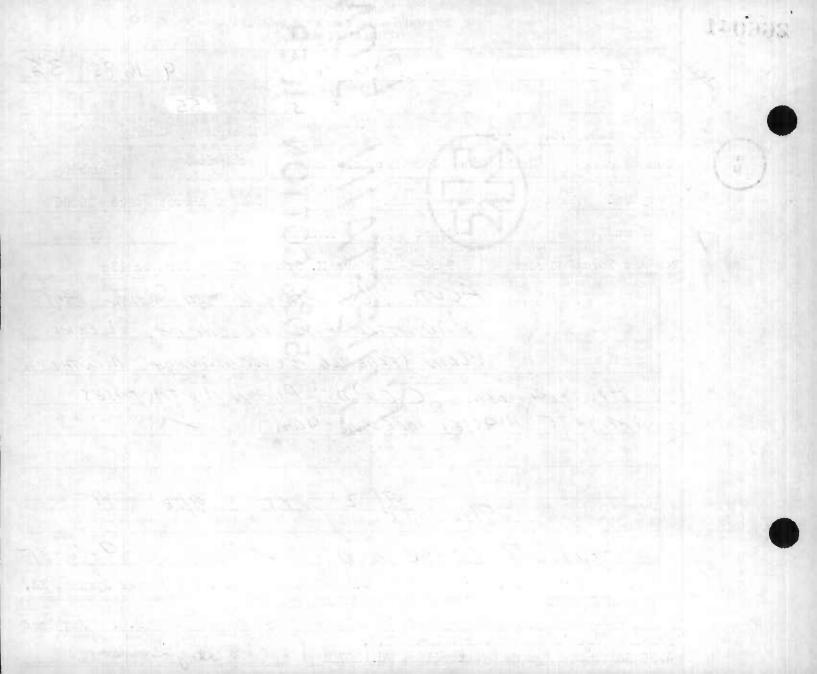
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ina Daydoon for ware

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

					REG. NO.				
I DECEASED NAME FIR			AST	177.	20. DATE OF DEATH MO	NTH DA	Y YEAR	25 HOU	RIL
Rayn	nond Edwar	rd Gra	ant	100		1 16	5 g c	0	AN
1 SEx	4 RACE	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRTHDA	(Y) IF	UNDER I YEAR	IF UNDER	24 HRS
Male	White	02	05	1930	55	YRS	MINS DATS	HOURS	MIN.
BIRTHPLACE (STATE OR FOREK	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER		9 BALTIMORE CITY OR C		FDEATH		
Washington, D.	C. U.S.A.	WIDOWE		IVORCED I	Montgomery	Count	У		MD
10 CITY OR TOWN OF DEATH		ITAL, NURSING HOME C		TITUTION	120 USUAL OCCUPATION		12h KIND O	F BUSINE	_
Takoma Park	Washington	n Adventist	Hospit	al	Mechanicalorwo	DRKING LIFE)	Plum	hino	
SUAL RESIDENCE LIF NURSING H					Contractor		1 - 0	21116	
		rtonsville	YES TX	ITY LIMITS?	3408 Oakhurs	PCODE	ino 2	0866	
14 FATHER'S NAME	onegomery pu	LOUBVILLE		S MAIDEN NAM		L DI	LVE Z	0000	
Samue1	WIDDIE	Grant		therine			D - LAS		
160 WAS DECEASED EVER IN U	S ADMED EDDCESS 144 S	OCIAL SECURITY NO.	17 INFORM		ADDRESS		BOS	well	
(YES, NO OR UNKNOWN) (IF	YES GIVE WAR OR DATEST		The same of the same of				1.0		
ies-Air Force	Korean 5	79-36-2423	Anna I	M. Grant	(Wife) Sam	ne as			
18 CAUSE OF DEATH (E) PART I. DEATH WAS O	nter only one couse per line	or tol, (b), and (c)	7	-	12	C	BETWEEN	MATE INTER	DEATH
	EDIATE CAUSE (0)	COIT 11	ESP11	ATVAG	UISTRESS -	gnd 2	Nes .	4491	5
	DUF TO OR AS	CONSEQUENCE OF	•	- /				-	
Conditions, if ony, wh	. /4	ADIATIO	NF	BANI	IS EDEIN	4	WE	EKS	
gave rise to immedia cause (a), stating		CONSEQUENCE OF		1.15					
underlying couse lo		I am a manufacture of the same	RETIL	ANTA	DCALGINAN	14	Ma	mer	
PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CONDIT	ON GIVE	V IN PART 1	7775	
3 Hans	n Tennini	00	PI	· Ba	gin MET	7907	AIFS	-	
190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY? 20	b. IF YES,	WERE FINDIN	AGS USED	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIS	TE MASO	Er INI/	1411	4cm	YES TO NOT	LCERTIFYI YES	ING CAUSES	OF DEATH	
210. ACCIDENT WAS UNDERLY	NG 7 216. TIME OF INJU	JRY	21c HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJURY IN		_	140 [
OR CONTRIBUTING CAUSE	OFBERTH	MONTH DAY YEAR	100		(511,511,511,511,511,511,511,511,511,511				
LIF EITHER NOTIFY MEDICAL EX	AMINER) P.M. 21e PLACE OF IN	19	21f LOCATI	ON					
WHILE NOT WHILE	LAT HOME STREET EA	CTORY, OFFICE FARM ETC)	STREE		CITY OR TOWN		COUNTY	51	TATE
AT WORK AT WORK		91	1 7	77	91	-	7,	-	
	hospital) attended the deci	1 pot	-	_, 19		. 19			ve) lost
	did not) view the body after	death.		(our) opinion d	eath accurred on the date	and hour o	ind from the	couses sta	ted
22h SIGNATULE	7		DEGREE				22c DATE	SIGNED	
Bus	such (ruge 1	10	PHYSICIAN P	DIRECTOR PHYSICIAN	4 🗆	19-	16-	81
22d. PHYSICIAN'S NAME		A	22e ADDRES						
Kenneth Cri	ıze, M.D.		831 Ur	niversit	y Blvd. #29	Silve	er Spr	ing,	Md.
230. BURIAL, CREMATION, REM	OVAL 23b. DATE	23c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION				
(SPECIFY) Burial	9/18/85	Fort Li	ncoln (emeterv	Brentwood		G. I	Mary1	TATE
24 FUNERAL DIRECTOR Gasch					REC'D. BY REGISTRAR 25b.				Lanc
riancis Gasch	s sons runer	aladhome, P.	A.		~		uda a la		

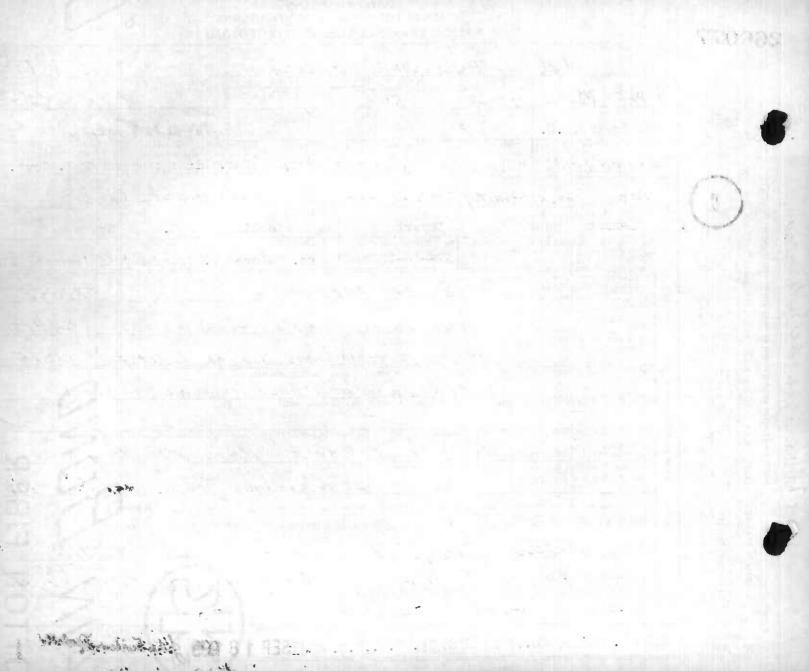
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STATE OF MARYLAND



			FOR			EPART!	MENT OF	HEALTH	AKYLAND AND MENTA	L HYGIEN	E.	()	6 1	9 ()
00	6077		STATE REGISTRAR						ERTIFICATE	- 0		REG. NO	0		
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	38 S. S. S. F.	(TYP	E OR PRINT)	60	51	ILVE	STER	6	REENH	ou)	OF DEATH /	MATED	9	15198	-080)
	PLEAS CTOP TREE	3. SE)		4 RACE	5. DATE OF BIRTH	VEAD	6 AGE (IN YEA	RS IF UND	DER 1 YR. IF UND	DER 24 HRS.	2c. DATE	CED.	MONTH	DAY YEAR	2d HOUR
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	Ban /			ton, D.C.	USA			WIDOW		DRCED 🗆	TARK	るそ	TAR	12K	MD.
	SARE I	ID CI	TY OR TOWN (OF DEATH	11 NAME OF HOS	PITAL, NUF	RSING HOME	, OR OTHE	RINSTITUTION	12a USL FOR A	MOST OF WORK	ATION (TYPE	OF WORK	126 KIND OF 8 OR INDUS	TRY
	AN T	1	AKO MIA	PARK	WASHING	NOT	ADVER	17757	HOSP	Ret	. Lith	ograp		Fed.	
201	18	13a S	TATE	IF IN NURSING HOME O	R OTHER INSTITUTION, GIV TY		OR TOWN	2	13d. INSIDE CITY-LIMITS	32 13g STR	EET ADDRES	S		2091	12
7 5	SER AL		MP	MOUN	16 drycky	TAK	OMAF	ARK	YES NO			6-65	LIM	Ve	
A di	E COLUMN	12	Cleme		MIDDLE		LAST		15. MOTHER'S MA		MID	DIE		LAST	
3 8	AND STA	4		DEVER IN U.S. ARA	AED EODCESS		ert	(NO	17. INFORMANT	ophie		E.		own	<u> </u>
3 1	AFTER DE INFERENCE DE L'ACTE DE L'AC		ES NO, OR UNKNO		WAR OR DATES)		-44-186			10000	D C=				12
S. A.	SS A GIV PAC DIVIS			DEATH /Fater and	y one couse per line			12	Mrs. De	elores	D. GI	eenno	W/WII	e/same	
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3 8	EXA NO MI		lying cau	se last.	(c) AR	TER10.	SCORE	OMC	CARDIO,	VASCUF.	AR 1	DISER	48	INY	sef
NOS NOS	EXEC NG CAL A AN WATI		PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO GEATH I	NUT NOT RELA	TED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN I	N PART 1 (a).			1		
2 5	AALT CRE	ĕ			HYF	ER	TENS	100		DOUds	SWEA	42	Drs.	CASC	
A	HOULD USED OF HE	IFICATION	19a DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION WA	AS PERFORMED?					2D AUTOPS	
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9 0	THE THE THE THE THE THE THE THE THE THE		UNDERLYING	₽ OR	Las	MONTH.	DAY YEAR		HEST	00		17	de		
0 00	SHOW SHOW	MEDICAL	21d INJURY C	OG CAUSE OF D	210 PLACE C	OF INJURY	(AT HOME,	211 100		1.17	110 1	-/	1101	4	
Y à	ARITICAL SECTION OF SE	¥	WHILE AT WORK	NOT WHILE	1 1/	ORY, FARM, EI	rc.)	103	HAL COM	LANT	CITY OR TOW	N And out 1	Red COU	May	-111,
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1,99	AND THE AND TH		death resulte	100	pi-courses 1	A dent		cide .	Homicide	7	ermined mar	[]	a in my api	inion	
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	NOR NOR	1	EXAMINER'S	NAME LA		1	110.		a			11	8 3	2-081	4
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BARTIMORE, M		(TYPE OR PRIN	VT)	nas c	1	11760		DDKL33	Wisco		Du	SET	10501	110
	₩₩₩₩	23a.B	URIAL, CREMAT	ION REMOVAL	9-19-85	23c. N	Gate of		CREMATORY	23d LC	Wheat		COUN	200	STATE
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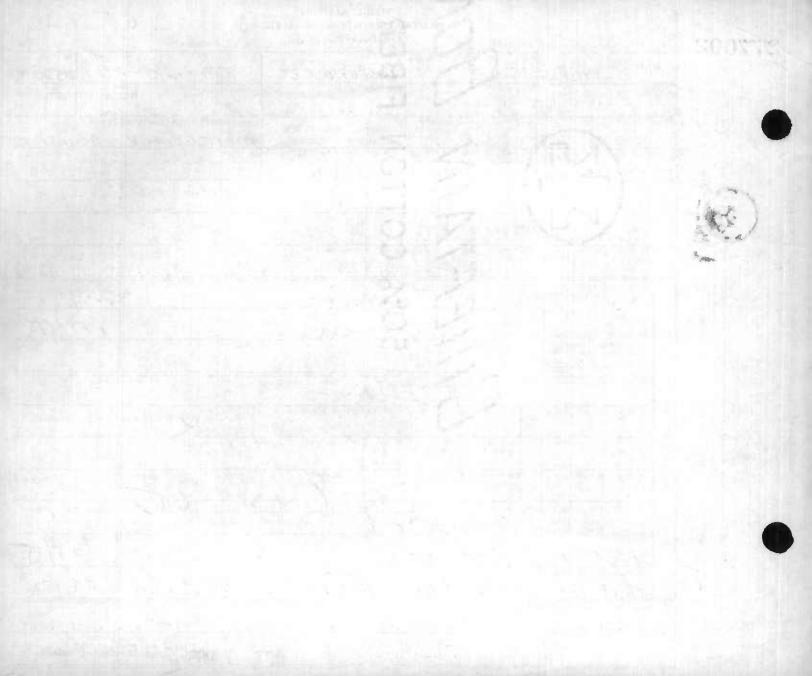
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

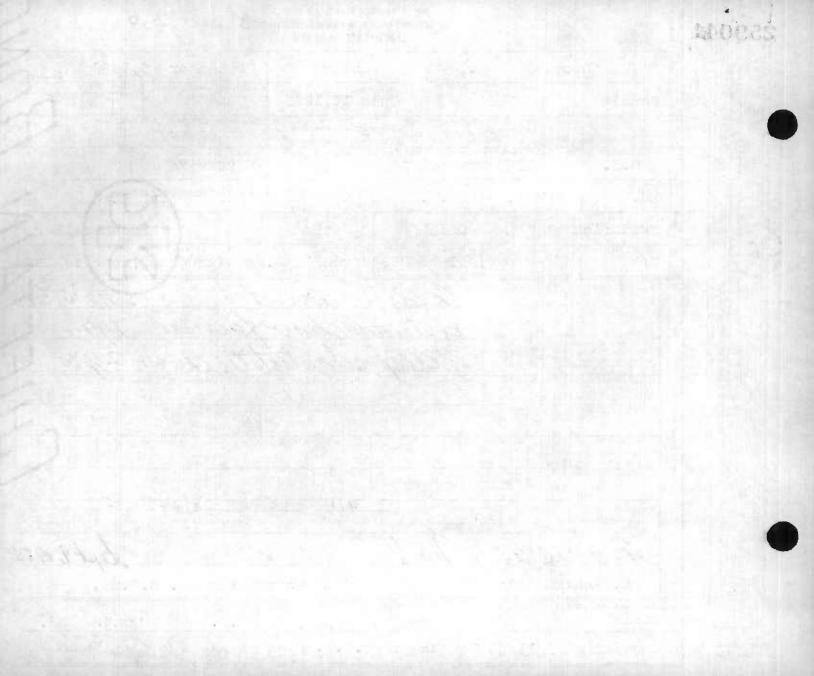
Sulia Davidson Randall

CERTIFICATE OF DEATH

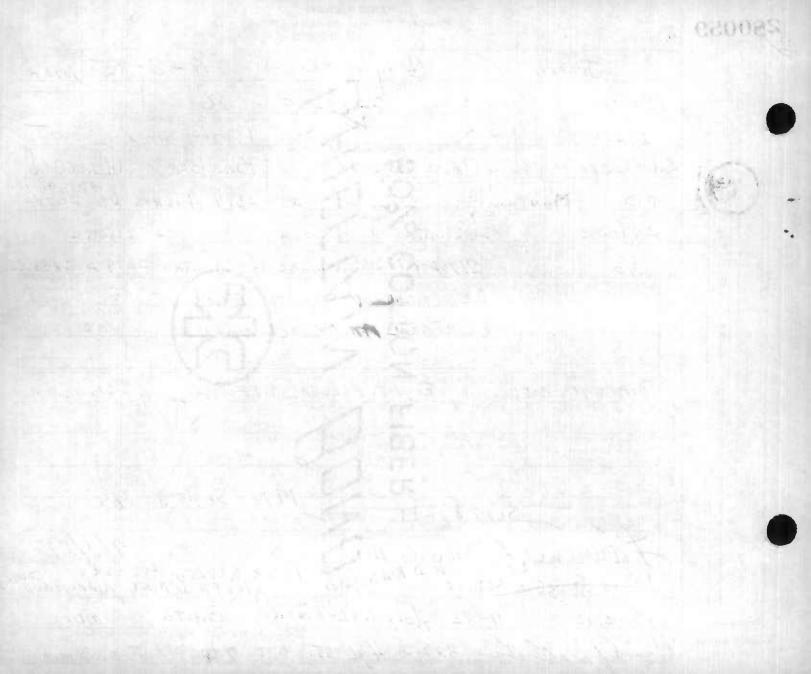


	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE	CERTIFICATE OF DEATH

259041	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. NO.	261	7 %
9 e 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		PIRST LUCY		M .	Ł	Greer	September		26. HOUR 10:25A _M
ctor poge	3 SE)	Female	4 RACE Whi	.te	S. DATE C	e 1º4,18°9'9	6 AGE LIN YEARS LAST BIRTHDA	MONTHS DAYS	
rerol dire		RTHPLACE (STATE OR FOREIGN				NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR C Montgomer	OUNTY OF DEATH	MD
by the fur	10 CI	S.S.		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATION	ORKING LIFE) INDUSTRY	OF BUSINESS OR
filled in the lift of the lift	USUA 130. S	AL RESIDENCE (IF NURSING HOME (or other institution	13t. CISORSOW		13d. INSIDE CITY LIMITS?	13°173°03°00888557	ert Road	2040
y A		THER'S NAME Frederick	MIDOLE	Smith		Is MOTHER'S MAIDEN NAM Katîrê	WE	Breekm	deller
aedico.			RMED FORCES?	453 05		Marcelle S.	Mako (Daugh	ter)Same	as 13E
physical company company		IB CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause pe SED BY: ATE CAUSE (a)	er line for io) to, and	Lin	a arre	1		MALE INTERVAL LONSET AND DEAST
by the attending ose remove corbin I, cremation, or other troumatic.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)_	DR AS A CONSCOUR	rest	tile heard	failur,	1 14.	r.
signed Then ple to burio njury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART T	(0
hos been the permit ene prior ows only in	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES	
g physici errificate iol-transi intol Hygi rem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	TEM 18 PART I OR PART 2)	
ter this case the burner of th	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET FACTORY OFFICE F.	ARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TOR Affor use of Health		22a.1 certify that (1) (this has saw the deceased alive of	200	10.0	TS or	d that in (my) (our) apinion of	to 8/2 death occurred on the date	and hour and from the	that (I) (we) last e causes stated
ERAL DIREC e detoched Stote Dept ANT. If Item		226 SIGNATURE	caw	es mo	ed .	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		+ 9, 1983
TO FUNERAL thould be del with the Stote		Dr.Richard	d Delan	ey			ard Street.	S.S.Md.	
BP	(urial, cremation, remova Burial				f Heaven	23d LOCATION CITY OF TOWN S.S.	Mont.	Md.
MH - 16 60M 7/84 (VRA 15, 4)	24 FL H	ineral director ines/Rinaldi	11800			IZSo. DATI	e recid. By registrar 256.	REGISTRAR'S SIGNA	TURE



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			FOR STATE		1	DEPARTMENT OF HEA	TH AND M	ENTAL HY	GIENE,) 6	9 6	
250	0024		REGISTRAR		MEI	DICAL EXAMINER	CERTIFI	CATE OF	DEATH RE	G. NO.		
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			E OR PRINT)						OF ESTI			
	OR OR OR OF CHES			Wilson		-	Guerrer	o -Diaz			8 1985	M
	PLEASE ECTOR. R FILES. HOURS STREET,	3. SEX	4 RA	CE S DA	TE OF BIRTH	6. AGE (IN YEARS I	UNDER I YR.	IF UNDER 24 I	HRS. 2c. DATE	НТИОМ	DAY YEAR	1:45
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	\$35 FE		RTHPLACE (STATE OF	7b. CI	TIZEN OF WH	LAT COLLETTONO	DDIED ALE	VER MARRIED	Y 9. BALTIMORE	ITY OR COUN	TY OF DEATH	
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	250 93 7		TY OR TOWN OF D	•		PITAL NURSING HOME, OR			USUAL OCCUPATION	mery Co		MD.
	2. まみ品を			CIE		CILITY, GIVE STREET ADDRESS)			FOR MOST OF WORKING LIF	E)	OR INDUS	TRY
	#0°#0 1		Rockville			Shady Grove	Hospita	1	Assistant		Dry Cle	aning
-0	2005/	USUA 13a. S		TURSING HOME OR OTHER	INSTITUTION, GR	VE RESIDENCE BEFORE ADMISSION)	Just inside (CITY LIMITS? 130	e. STREET ADDRESS			
212	A HOW		ryland	Montgom	ery	Gaithersbur		NO X 9	277 Chadbu	rn Plac	e / 208	79
g	Cooks >		THER'S NAME					ER'S MAIDEN N	VAME			
Α,	1297h/	1	Leonidas	MIDDI	LE	Guerrero	F1	adia	MIDDLE		Diaz	
BALTIMORE, MD. 21201	89578			R IN U.S. ARMED FO	DRCESS	166. SOCIAL SECURITY NO		MANIMoth	- ADI	DRESS	DIaz	
¥	## 5650 /		ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR								- 0
*	A HAN		No	-		218-94-2923	Mrs.	Eladia	Delos San	tos, Sa	me as #:	13
	S S S LO	7	18 CAUSE OF DE	ATH (Enter anly one	cause per line	for (a), (b), and (c).)	5117 (CC)			-	APPROXIMA BETWEEN ONS	TE INTERVAL
RECORDS, 201 W. PRESTON ST.,	SASSA S	1	PARTIDEATH	WAS CAUSED BY:	ISE (a)	Drowning						
5	A 24 H N ITEN A IT PER I'Y GIEN	133	7/02	IMMEDIATE CAC		AS A CONSEQUENCE OF	100					
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2	UTED WITH EXAMINER HAL-TRANI O MENTAL ON, OR REV		lying couse los		DUE TO, OK	AS A CONSEQUENCE OF						
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2	58 TO 97	1	190. DATE OF OPE	RATION	196. CONDIT	TION FOR WHICH OPERATIO	WAS PERFOR	RMED?			20 AUTOPS	1?
Z.	PACE HELE	표									YES 👽	NO 🗆
DIVISION OF VITAL	ANNER: THIS CERTIFICATE SHOIFICATE, WRITING THE WORD BE FORWARDED TO THE CHIE CTOR. PAGE 3 SHOULD BE US H THE STATE DEPARTMENT OF TAND 21701 PRIOR TO BURIA	H	21a EXTERNAL CA	USEWAS	216 TIME OF	INJURY I2	HOW INJURY	Y OCCURRED (ENTER NATURE OF INJURY IN I	ITEM 18 PART 1 OR P		140
0	SHESKS	100	UNDERLYING D	OR		MONTH DAY YEAR						
ō	E25540	Š	21d. INJURY OCCU	CAUSE OF DEATH	To the second second second	9 8 19 85 211	LOCATION	drowne	ed while sw	ımmıng		
<u>></u>	A SE SE SE SE SE SE SE SE SE SE SE SE SE	MEC	WHILE S NO	T WHILE	THE PLACE C	TORY, FARM, ESC.)	STREET		CITY OR TOWN	C	YTMUC	STATE
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	MA SOUTH			11/1	[]	1/10/	1		, , —	ona in my e	pinion	
	SEE SEE		death resulted f	m Pagerayeau	101	Accident M. Sylvide	and the same		Undetermined monner	□ .		
	¥ ¥ PERR		ACTUAL	1/19	Me	W Your		SPECIFY)		DATE		
	KHUKE W		SIGNATURE	1-00	111 -0	1 1000	MDACTI	ng Chie	EDICAL EXAMINER	SIGN	ED 9/8/	85
	NEW SEL	-	EXAMINER'S NAM	E m1				777 -	01 5	. 7.1		
	₹ D R E KE		(TYPE OR PRINT)	'I'homa	as D. S	Smith, M.D.	ADDRESS_	111 F	Penn St. B	alto,ME).	
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR, PAGE 3 AFIER DEATH, WITH THE STATE DE BALTMORE, MARYDAND, 2120L P	23a. Bi	URIAL, CREMATION	REMOVAL 236 DA	TE	23c NAME OF CEMETER	Y OR CREMAT	ORY 2	3d. LOCATION		ALTY	STATE
07/84	BP	12	Burial	Ser	tember	Cementerio	Jaciona	1	Santo Domi	ngo Dor		TATE
25M		24 FL	UNERAL DIRECTOR			hrey Funeral		250 DATE REC	D BY REGISTRAR 256	REGISTRATIS	SIGNATUSE	,blic-
	DHMH - 17	1	NAME		ADDRES		iomes,	SEP 1	O 1985	TO MANAGE	a-pl-spece	
	(VR A15 ME (5))	1		F.A. KO	CKVL	e. Maryland	ISA					



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

,	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
/	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 26. HOUR			
	FRANC	CISCA	HAACK	SEPT. 27,	1985 4:30 Am			
	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR IF UNDER 24 HRS			
1	FEMALE	Caucasian	Aug. 13, 1917	68 YRS.	ONTHS DAYS HOURS MIN.			
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH				
	Holland	USA	WIDOWED DIVORCED	MONTGOMERY	CO. MD.			
V	10. CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR			
	Wheaton	RANDOLPH HILL		Housewife	at Home			
	USUAL RESIDENCE (IF NURSING HOME 136. STATE 136 COL			13e STREET ADDRESS / ZIP CODE	2085			
P.	Narykand Mon	tgomery Rockvil	le YES 🖟 NO 🗌	243 Rollins Aven	ue Apt.201 /			
7	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST			

(IF YES GIVE WAR OR DATES) None -6706-A Jan C. Haack, Husband, 243 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. 381 IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION

17 INFORMANT

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY

236. DATE

Van Veen

211 LOCATION

CITY OR TOWN STATE

Klinkenberg

NOT WHILE

22b. SIGNATURE

AT HOME STREET FACTORY, OFFICE FARM ETC.) 22a I certify that (I) (this haspital) attended the deceased from

and that in (my) (our) opinion death occurred by the date and hour and from the causes stated

22c. DATE SIGNED

war illevident frondatt

(TYPE OR PRINT)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

ATTENDING 22e ADDRESS

DEGREE

DIRECTOR PHYSICIAN

STEVEN N. JONES

23a BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY

ROCKVILLE, Md. MILL RD. 23d. LOCATION

(SPECIFY) Cremation

Chambers Crematory

Riverdale, P.G.Cty. Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

WEDICAL

W.W.CHAMBERS CO., 8655 Georgia Ave., S.S.Md. 20910

MD

Sep. 27, 1985

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

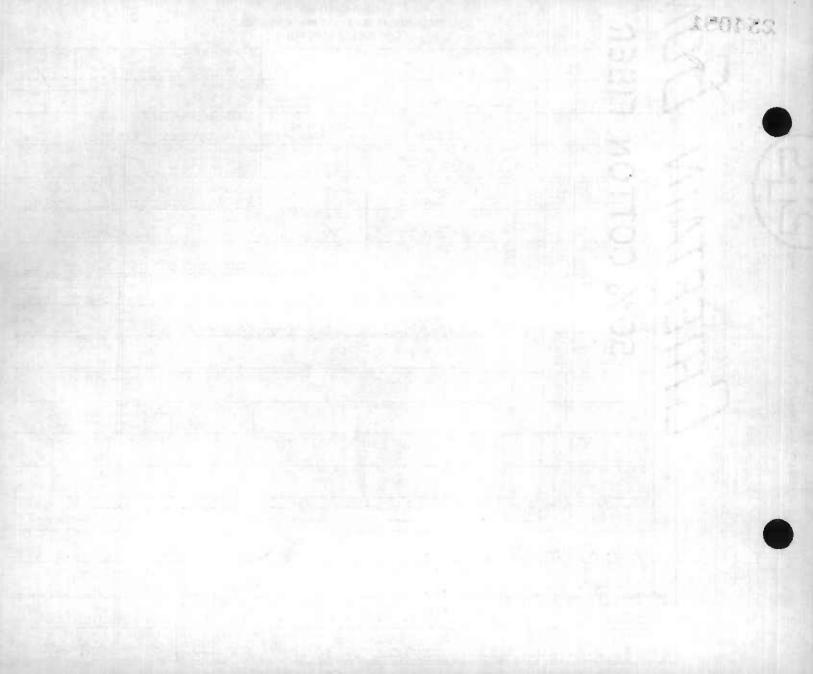
5 2619

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME FIRST MIDDLE 26. HOUR TYPE OR PRINT Mary Hagerty September 5. 1985 L RACE S DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) Female Aug. 30, 1898 Caucasian BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Canada United States WIDOWED X Montgomery County NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR CITY OR TOWN OF DEATH Potomac 10410 Windsor View Drive Homemaker Own Home ISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 20854 13e STREET ADDRESS / ZIP CODE Maryland Montgomery Potomac 10410 Windsor View Drive NO IX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Evelina Alphonse Gaudette Amirault 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 003-12-7291 Jacqueline Ann Gureckis, same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic Respiratory Arrest 5 minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Disseminated Colon Carcinoma 6 months Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lo 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOX NO IT 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 220 I certify that (1) (this haspital) attended the deceased from Sept saw the deceased alive an Sept. 4 abave, (I) (we) (did) (did not) view the bady after death. 85 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Sept. 5, 1985 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 11510 Old Georgetown Road M. Preigo, M.D. Rockville, Maryland 20852 230. BURIAL, CREMATION, REMOVAL 23b. DATE Sept. 23¢ NAME OF CEMETERY OR CREMATORY Burial St. Patrick Cem. Hudson, New Hampshire 7, 1985 14 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Homes, P.A. Rockville, Maryland 20850

SEF

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 280121 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR TTYPE OR PRINTS Edith 3 20 Harp H . S. DATE OF BIRTH 4 RACE 6 AGE LIN YEARS LAST BIRTHDAYL UNDER I YEAR IF UNDER 24 HRS 3. SEX YEAR Caucasian 69 TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED United States | WIDOWED | Maryland DIVORCED IN OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HospitalAssembler Cleaning Drv ALRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland MontgomeryKensington 4105 Warner Street/20895 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Shaw Walter W. Sipes Bertha ADDRES 509 Anderson Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATES! 577-09-1232 Louise S. McMullen Kensington, MD NO 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (D). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. ONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 214 INJURY OCCURRED 21e. PLACE OF INJURY 211, LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATUR DEGREE 22c DATE SIGNED Sept. 30, 1985 ATTENDING A MEDICAL STAFF PHYSICIAN A DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23e. BURIAL, CREMATION, REMOVAL Burial Church Cemetery Potomac, Maryland 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Homes, P.A. Bethesda, Maryland 20814 (VRA 15, 4)

in by the funeral director, page 3

s the burial-tronsit permit. Then please remave or and Mental Hygiene prior to burial, crematian,

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

should be detached for use as the brewith the State Dept. of Health and M

(VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate has been signed by

1	296		STAT	E OF MARYLAND		~ /	1 17	5
ì	FOR 1 - STATE	DEPART		EALTH AND MENTAL HYG	ieng 5	2 6	1 7	7
	REGISTRAR			ICATE OF DEATH	REG. NO			
	1. DECEASED NAME FIRST (1YPE OR PRINT)	WIDDLE	1 6	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b HOUR
	GEORGE	EDWIN		IS, JR.	SEPTEMBER :			2:32 pm
	3. SEX	4. RACE	5 DATE (6 AGE (IN YEARS LAST BIR			FUNDER 24 HRS
-	MALE	WHITE		ST 5, 1930	55	YRS		
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
	Mississippi		WIDOWE	D DIVORCED	MONTGOMER			MD.
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST O		12b. KIND OF E	BUSINESS OR
0	BETHESDA	NIH, THE CLINIC		NTER	Retired		Mili	tary
/	13a STATE Mb. COU	100 011 011 011	'N	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	999	199
	MISSISSIPPI	NETTLET	ON	YES NO X	RT. 3, BOX	223	/ 388	358
Š		MIDDLE		15 MOTHER'S MAIDEN NAM	MIDDLE		LAST	
9		dwin Harris,	Sr.	Lavell	. e		Powe1	.1
2	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) Yes Kor	/E WAR OR DATES)		17 INFORMANT			(-1	
1	res Kor	ea-V.N. 426-54-3	3092	MRS. EDITH R	. HARRIS, W	IFE		ME)
ı	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), an		THE CONT.			BETWEEN ON	SET AND DEATH
	IMMEDIA	TE CAUSE (0) SEPSIS	AND PI	NEUMONIA				
		DUE TO, OR AS A CONSEQUE		CUDCICAL TAME	DUGUETONG		15-0-5a	
	Conditions, if any, which gave rise to immediate	(b) B/P MUL.	TIPLE	SURGICAL INTE	ERVENTIONS			
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		ITONEAL LIPOSA	DCOMA DECE	TON		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO					I IN I DADT 1	
	Z O O O O O O O O O O O O O O O O O O O	20101110143 <u>CONTRIBUTION TO TO</u>	DEATH BOT	THO I RELATED TO THE TERM	INAL DISEASE OR CON	JITION GIVEN	IN PART ITO	
H	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDING	S USED
	THE THE				YES X NO	IN CERTIFYII	NG CAUSES O	F DEATH?
	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR			(II.A.)	
	OR CONTRIBUTING CAUSE OF DEA		AY YEAR					
	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	CITY OR IO	AZNI	COUNTY	STATE
1	WHILE NOT WHILE O	(AT HOME STREET, FACTORY, OFFICE, F	ARM EIC)	SIREET	CITORIO		COOM	SIMIL
Ī	220.1 certify that (X(this hopp	tal) attended the decored from	July 9	9, 19,1985	SEPTEMP	ER 1619	_85, tho	at (X (we) last
	saw the deceased alive an above, (V)	SEPTEMBER 16 19 8	3.5, or	nd that in XX (aur) apinion a	death accurred on the do	te and haur a	nd from the cou	uses stated
	22b. SIGNATURE	11/1-		DEGREE			22c. DATE SIC	
	U	1.0	~		MEDICAL STAF DIRECTOR PHYSIC	IAN 🔄	16 SE	EP 1985
	22d. PHYSICIAN'S MAME LIVE C	1 /		220 ADDRESS NATION			HEALTH	
	Han 1.	Letor, MI)		CLINICAL CEN	TER, BETHES	DA, MD	. 208	392
	23a BURIAL, CREMATION, REMOVAL	236. DATESept. 23 p	Iant	ersville ery	23d LOCATION CITY OR TOWN		OUNTY	STATE
	Burial	19, 1985	Cemet	tery	Planters	ville	, Miss	3
	24 FUNERAL DIRECTOR	535 Jeffers			REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATUR	E
	Pegues Fun'l D	ir.Tupelo, Mis	SS. 3	88801	2 3 BOOM	A Sin Day	MODOL	Market A.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 276078 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST Theo 1. DECEASED NAME Campbell Hartman 2b. HOUR 503 (TYPE OR PRINT) nes CAMPBELL + 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) F UNDER I YEAR 3 SEX IF LINDER 31 MB 82 White 5-1903 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Alabama TISA DIVORCED X ontomery Coun WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION High School Teacher USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Silver SpringyES | 2101 Fairlad Rd. /20904 MD Montgomery 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Simmie Hudson William Campbell E. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 578-12-3028 Myrtle C. Bell. 3050 Military Rd., NW. Wash, DC IN CAUSE OF DEATH Enter only one course per line for log this a PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate couse list, stating the underlying course O THE DERMINAL DISEASE OF CONDITION GIVEN IN PART TID PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, 286 IF YES, WERE FINDINGS USED N. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO IT TIE HOW INJURY OCCURRED (SHITER HATCHE OF BUILD'S IN ITEM IS PART) OR PART ? TIR ACCIDENT WAS UNDERLYING 23h TIME OF INJURY HOUR A.M. MONTH DAY OF CONTRIBUTING CAUSE OF DEATH LIFETIMER NOTEY MEDICAL CHAMINER P.M. TH LOCATION 214 INJURY OCCURRED 71 FLACE OF INJURY CHY OF TOWN AT HOME STREET, FACTORS, OFFICE, FARM, ETC. WHEN THE PARTY TO 22s.1 enetify that (I) (this haspital) attractively saw the deceased alive on and that in (my) (set) opinion death accurred on the date and hour and from the causes stated 27r. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 224 PHYSICIAN'S NAME THE OF 274 ADDRESS THE NAME OF CEMETERY OR CREMATORY 73s BURIAL CREMATION, REMOVAL 234 LOCATION Burial 9/23/85 Suitland, Maryland Cedar Hill Cemetery 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. DHMH - 16 50M 4/83 5130 Wisconsin Ave., NW, Washington, D.C. 20016 SFP (VRA 15, 4)

dec bt n 8 Thite things are the second to Lebura 1 1 11 111 oft cert il for spine Although E. Compbell limite --- July son the cold, son this end -1-50 concert Guiler's toun, Inc. incoming ten, ... 2015 The incoming ten, ... 2015

THE CHARLET 4 RACE 6 AGE (IN YEARS AST BIRTHDAY) YEAR BINTHPLACE PLATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County WIDOWED DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) Silver Spring Holy Cross Hosp. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Takoma Park 6815 Eastern Ave. Md. YES [] NO FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST. ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN I HE YES GIVE WAR OR DATES! 213-24-4077 Unkn. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c ... PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONSEQUENCE OF . Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOF 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC I NOT WHILE 220.1 certify that 1) (this haspital) attended the deceased fram and that in lang abave (1) (we) (did) did nat view the bady after death. DEGREE ATTENDING MEDICAL 22e ADDRESS

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DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

REGISTRAR

DECEASED NAME

ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE (aur) apinian death accurred an the date and havi and from the causes stated 22¢ DATE SIGNED STAFF DIRECTOR PHYSICIAN 236. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY COUNTY 9/9/85 Removal 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SEP 1 6 1985 24 FUNERAL DIRECTOR Balto., Md. Anatomy Board

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REG. NO

MONTH

2h HOUR

12b. KIND OF BUSINESS OR

20912

LAST

IF UNDER ! YEAR

1.00

20 DATE OF DEATH

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d you	3 SE		4 RACE	RESCUI	5. DATE C		SEPTEMBER 8		6:40 AM
s ofte		MALE	WHITE			E 6, 1945 EAR	40	MONTHS DAYS	HOURS MIN
nerol dire	7a. B	IRTHPLACE (STATE OR FOREIGN NEW YORK	76 CITIZEN OF				RAITIMORE CITY OR COUNTY OF DEATH		MD.
by the fu		BETHESDA	5909	CROMWE	LL DRIVE	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF EXECUTIVE 1	WORKING LIFE INDUSTRY	POLICE
filled in	130 M.		OR OTHER INSTITUTION UNITY TO THE COMERY	130 CITY OF BETH	E BEFORE ADMISSION) E TOWN ESDA	136 INSIDE CITY LIMITS?		WELL DRIVE	20816
empletely ond 2 s		JOHN	GERARD		YES	LOUISE	MIDDLE	PRESC	OTT
an and con second con	160	(YES, NO ORUNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)		38-1094	SUSAN P. HA	YES, WIFE, SAN		13
physicic inpapers emovol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	anly one cause per SED BY ATE CAUSE (a)			PHALOPATHY			NIMATE INTERVAL NONSET AND DEATH
hat the death ce by the attending ase remove carb I, cremation, arr other traumatic		Canditions, if ony, which gave rise to immediate couse to stating the underlying couse last	(b)	CHOLA	NGIO CAR	CINOMA		7 M	MONTHS
equires to signed Then ple r ta buria injury, or	NOI	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 1	(0)
The law ian.	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	n was performed	200 AUTOPSY? YES NO 🛣	206. IF YES, WERE FIND! IN CERTIFYING CAUSE: YES	INGS USED S OF DEATH? NO
ding physicials certificate burial-transit Mental Hygin It from 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	ZCAIII	DF INJURY .M. MONTH .M.	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	(IN ITEM 18, PART 1 OR PART 2)	
ottendir otten this os the bu h and Mi	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, C	PFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
TTENDIN spital or CTOR: Af for use of Healt		saw the deceased alive, abave, (i) (we) (did) (and	SEPTEM	BER 7	19 85 ar	UARY 11, 19.85 of that in (my) (ouX apiniar	The second secon	ite and haur and fram the	
by the has by the has ERAL DIREC se detached State Dept.	-	22h GIGNATURE	at	1.	nan		MEDICAL STAF	-	ESIGNEP985 TEMBER 8,
etained by to FUNERAL should be de with the Stat		770 PHYSICIAN'S NAME (TYPE MICHAEL A.		M.D.		220 ADDRESS 916 19TH S'	T.N.W., WASH	W. S. F. F. S.	
BP	230	BURIAL, CREMATION, REMOVA CREMATION	236. DATE 9/9/8	5	District Control of the	EMETERY OR CREMATORY LITAN CREMATORY			
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR RIC	HARD RAP	P, INC.	.c. 2000	9 SE	P 1 1 1985	isb. REGISTRAR'S SIGNA	and all

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OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed with 24 has been the hospital at ottending physicion. RTANT: If them 21 is marked or life in the contribution of other troumotic event, the middle UNERAL DIRECTOR: After this certificate has been signed by the attending physican are id be detached for use as the buriol-transit permit. Then please remove corbangapent, find the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar remaval.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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	- 16 60A	

	1-	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	YGIENES 5 2	6203						
		REGISTRAR	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	fac.ta						
		CEASED NAME FIRST			20 DATE OF DEATH MONTH	7.100						
vi	3 SEX	Phylli	s Barbara 14. RACE	Hayre 15 DATE OF BIRTH	September 13.	1985 7:10PM						
1		Female	Caucasian	January 19, 1924	61 y	MONTHS DAYS HOURS MIN.						
1	7a. 81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COL	RS. INTY OF DEATH						
Ķ.		Massachusetts	USA	MARRIED X NEVER MARRIED WIDOWED DIVORCED	I dans of a ann at	LY						
1		ty or town of death	11. NAME OF HOSPITAL, NURSIN 1807 Franwall A	NG HOME OR OTHER INSTITUTION ADDRESS) VENUE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Homemaker	17% KIND OF BUSINESS OR INDUSTRY						
6	130 S Ma	ALRESIDENCE (IF NURSING HOME O STATE **********************************	NTY 13c CITY OR TOW		1807 Franwall							
10		VAS DECEASED EVER IN U.S. AF	THE PARTY OF		ADDRESS	Kingg						
		Na	THE WAR ON DAILS)	Alfred J. Ho	aure Ir. Husbo							
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	inty one cause per line for (a), (b), ar	nd (cs		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
7			TE CAUSE (0) (anen	of live		1 400						
	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) **Contribution**										
_	ATIC	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. I	F YES, WERE FINDINGS USED						
1	CERTIFICAT				YES NO	ERTIFYING CAUSES OF DEATH? YES NO						
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	URRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART ?)						
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE						
			on the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	, and that in (my) (aur) apinio	an death occurred an the date onc	hour and fram the causes stated						
,		27b. SIGNATURE	underle o	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 9 14 (85						
		ALAN UE	sustack of	120 ADDRESS	eogra Ave S.	Crespring up						
i		SURIAL, CREMATION, REMOVAL	0.147.155	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY STATE						
H	74 FI	- Cremation JNERAL DIRECTOR TO		letropolitan 1250 D	Alexandria,	Virginia GISTRAP'S SIGNATURE						
4		NAME FRANC	cis J. Collinsress		ED . O	a Sundran Randola						
	50	U University B	lud., W., Silver	Spring, MD 3	LI 1 0 1983 1/ 3/2	- I - I - I - I - I - I - I - I - I - I						

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FOR

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEKITE	ICATE OF DEATH	REG.	NO				
	CEASED NAME	FIRST	N	NDDLE	ſ	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2h HOU	IR
1111	Hilda			Hel	drich			8 2	26	85	4:28	p,
3. SEX			RACE		5. DATE C		6 AGE (IN YEARS LAST E	IRTHDAY)	IF UNI	DER I YEAR	IF UNDER	24 HRS
	FEMALE		WHIT	Æ	DE		88	YRS				mos.
	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	ITY OF D	DEATH		
	MARYLAND	1	USA		WIDOWE	D DIVORCED	MONT		RY (RY CO. M		
10 C	ROCKVILLE					RAN HOME	120 USUAL OCCUPA			ZB. KIND O		
P1511	AL RESIDENCE (IF NURSI					KAN HOME	HOMEFI	AI(DI(A.	727	700
13a	ARYLAND	BAL	IMORE	BALTIM		13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS			RLES	ST.	8
14. F	ATHER'S NAME	MID	DLE	LAST		15 MOTHER'S MAIDEN NAM	ME			LAS	1	
	HENRY		Α.	LAUERS	47.00	ANNIE			L	ATZ		
	VAS DECEASED EVER YES NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		214-22-		REV.DR.RI	CHARD RE		ER ₇	ILLE	HMD	
	18 CAUSE OF DEATH PART I, DEATH W.		AUSE (a)	Ine for (a), (b), and AS A CONSEQUE	1 i t	-iON				BETWEEN	MATE INTER	VAL DEATH
	Conditions, if any, gave rise to imm cause (a), stating underlying cause	nediate g the	DUE TO, OR	AS A CONDOUE	NCE OF	mers la	slasl			5 -	las	no
NO	PART 2 OTHER SIGN	2th	osel	e e e	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION	GIVEN IN	V PART 110		
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDIT	TION FOR WHICH	OPERATIO!	N WAS PERFORMED	20a AUTOPSY? YES □ NO			RE FINDING CAUSES		H?
	21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN.	IURY IN ITEM	18 PARTIC	OR PART 2)		
MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	NE []	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	21f LOCATION STREET	CITY OR I	OWN	c	COUNTY	51	TATE
	220.1 certify that (1) (this basoutal) attended the deceased from 2 4, 19 0 to Clear ab., 19 saw the deceased alive on 2 19 19 8 4, and that in (my) (our) apinion death accurred an the date and hour and above, (1) (we) felial (did not) view the body after death.								_, 19_	from the	that (1) (a	we) last
	226. SIGNATURE	OF	mil	ann	n	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []		8 -	27-	P5
	TEU LUISICIAIA 2 NA	TVIL TITPE OR PR	10413			22e ADDRESS						

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for with the State Dept. of MPORTANT If Ite

and Mental Hygie

230. BURIAL, CREMATION, REMOVAL

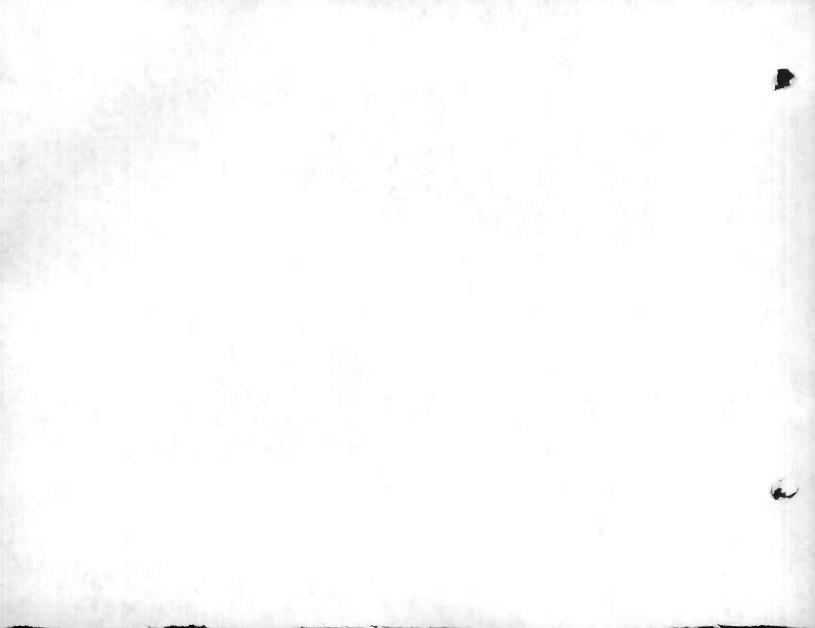
234 NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

BURIAL AUG. 28, 1985 LOUDON PARK CEM 24 FUNERAL DIRECTOR HYSONG CO., INC.-1300 N ST., NW WASH

1000

CERTIFICATE # 26206



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ι'	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO			Charles
	ECEASED NAME FIRST		MIDDLE	U	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
	Thelm	a	М.	Hi1	1	Septembe	er 6	, 1985	6:04R
3. S	EX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER I YEAR	
	Female	Whit	е	Jai	n. 2, 1923	62	YRS	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	0	NEVER MARRIED	9 BALTIMORE CITY OR		Y OF DEATH	77
	Maryland	US	A	WIDOWE		Montgome	ery		MD
10.	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N	126. KIND C	OF BUSINESS OR
1	Olney				1 Hospital	Adm. Secre		J.S.	Gov't.
130	UAL RESIDENCE IF NURSING HOME OF		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP COD)F	
1		lerick	Ijamsvi		YES NO K	11702 Brown	ings	ville F	Rd. 21754
14	FATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ANIDDLE		1.61	CT.
1	Henry		iddleton		Bert	ha		Cook	51
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	385	5 W.	Watersv	ville Rd.
L	(YES, NO OR UNKNOWN) (IF YES, G	TE THE OR DATES	577-22-6	602	Patricia J.	Byrns, Mt.	Airy	, Md. 2	21771
	18 CAUSE OF DEATH (Enter of	only one couse per	Ine for 101, (b) and	1191				BETWEEN	XIMATE INTERVAL
	PART I. DEATH WAS CAUS	TE CAUSE (0)	Mytasta	fir C	Ivalian Care	i nom G		181	MC2
	A TOTAL PROPERTY	DUE TO, C	R AS A CONSEQUE	NCE OF					
	Conditions, if any, which	((b)_							
П	gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					
L	underlying couse lost.	(c)				0.00 8 8 0.00			
1 -	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION G	VEN IN PART 1	0
CERTIFICATION	Edtoul	& paric	ODSTru	Tion.		osclevic 4.	earl	1) sease	,
CA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE IN CERT	S, WERE FINDI	NGS USED 5 OF DEATH?
1 2	7/13/85	13,11	ary Obsi	rull		YES NO		ES 🗌	NO 🗆
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME C	OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18	PART I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19					
ED	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F.	A DAA ESC 1	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
≥	AT WORK AT WORK	(MI NOME, SI	acci, racioni, orrice, is	www.cicl		- 1			
	220.1 certify that (1) 4his hosp				19.84	_, to Dept Co		1985	that (I) (we) lost
1	obove, (1) (we) (did) (slid n	of) view the body	ofter death.	5, an	d that in (my) (aur) opinion	death occurred an the dat	e and ho	ur and fram the	causes stated
	276. SIGNATURE	10	/	[DEGREE			22c. DATE	SIGNED
	1 Daniel	this	yson mr		ATTENDING PHYSICIAN	MEDICAL STAFF		9/-	7/85
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		_	1	1
	Duniell. A	uderson	n		12901 Oluce	Saus Le Sorina	Rd	Olyen	MA
230	BURIAL, CREMATION, REMOVA	L 23b. DATE	23€ №	IAME OF CI	EMETERY OR CREMATORY	23d LOCATION			

Resthaven

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

24 FUNERAL DIRECTOR Olin L. Molesworth, P.A., Damascus, Md. (VRA 15, 4)

Sept. 9, 1985

(SPECIFY Burial

Frederick, Frederick, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SEP 10 1985

DHMH - 16 60M 7/84

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Julia Davidson-Randala

DHMH - 18 60M 7/84

(VRA 15, 4)

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convin G. Hobbs Valerie Jean Woltz

En Jens Dennis C. Banca Item 13 E

Sept. 29 85 Sept. 29 85

9/30/1985

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. Hite .. Delevered. P. A. Damascus, No.

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- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 10	0	1
5	2	0

BALTIMORE CITY OR COUNTY OF DEATH

REG. NO

20 DATE OF DEATH

AGE (IN YEARS LAST BIRTHDAY)

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Jack	If He	
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201	RTA	1

ph pe

230. BURIAL, CREMATION, REMOVAL Burial

George Washington

Adelphi

23c. NAME OF CEMETERY OR CREMATORY 9-10-1985

24 FUNERAL DIRECTOR Hines Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE OF THE STATE
REGISTRAR DECEASED NAME TYPE OR PRINTS SEX Marvland 4 FATHER'S NAME Unknown 40 WAS DECEASED EVER IN U.S. ARMED FORCES? PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. CERTIFICATION

ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

13c CITY OR TOWN

LAST

Silver Spring

166 SOCIAL SECURITY NO.

579-48-7252

NEVER MARRIED DIVORCED

13d INSIDE CITY LIMITS?

YES XX NO

17 INFORMANT

(TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife 13835 Castle Blvd.

20904

own home

2b HOUR

IS MOTHER'S MAIDEN NAME Unknown

ADDRESS

Elbert V. Holden-husband-(same as 13e)

190 DATE OF OPERATION

21a ACCIDENT WAS UNDERLYING

WHILE NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

saw the deceased olive on

DUE TO, OR AS A CONSEQUENCE OF

716 TIME OF INJURY

21e PLACE OF INJURY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 o

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

220 I certify that (I) (this hospital) attended the deceased from

abave, (1) (we) (did) (did nat) view the body after death

Montgomery

IMMEDIATE CAUSE 10

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)

20a AUTOPSY?

20h. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

DEGREE

211 LOCATION

CITY OR TOWN

NOIXX

and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated

Md.

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

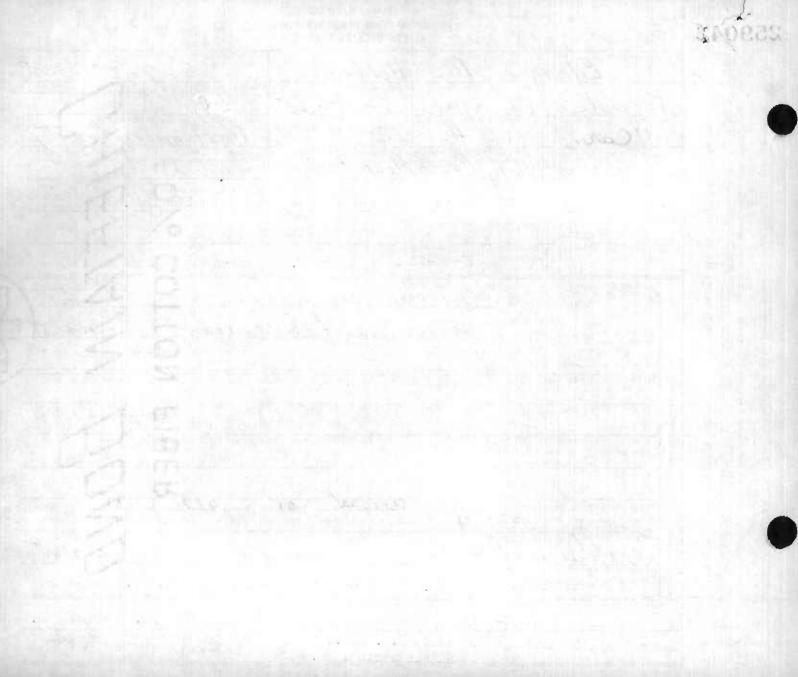
20854

22d. PHYSICIAN'S NAME (TYPE OF PRINT) Elba Martinez, MD

8808 Hidden Lane, Potomac, Md.

Pr. Georges

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

270045/	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG NO.	6212
eorh or		CEASED NAME FIRST Anna	Brown	Holland	Sept. 22, 19	10 11001
ge 4 moy ector. po rs ofter d	3 SE	emale	Caucasian	Feb. 4, 1894		UNDER TYEAR FUNDER 24 HRS
nerol dire	-	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY United States		Montgomery County	
by the fur dilled within		ivortown of death lver Spring	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY GIVE STREE Carriage Hill N	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	126 KIND OF BUSINESS OR INDUSTRY OWN Home
24 hours	13a. S	TATE 136 COL	or other institution give residence before inty gomery Chevy Ch	READMISSION) VN 13d. INSIDE CITY LIMITS? ASE YES NO A	13. STREET ADDRESS / ZIP CODE 4719 Fallstone A	ve., 20815
inchitely and 2 sh	14 FA	THER'S NAME Orloff	middle Brow	n Eleanor	MIDDLE	riffin
(19)/	1	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G CS	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 577 84 3		ADDRESethes olland,Jr. 8001 Gr	da, Md. 20817 een Tree Rd.,
that the death certified by the attending properties of the corbons of cemotion, or retreat or other traumatic events or other traumatic events.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	alized arli	Trisclerosis	20 years
requires en signe r. Then pl or to buri	TION			DEATH BUT NOT RELATED TO THE TER/		
The low cron.	CERTIFICATION	190. DATE OF OPERATION		HOPERATION WAS PERFORMED	YES NO YES YES	WERE FINDINGS USED NG CAUSES OF DEATH? NO
SICIAN: Top physicing physicing certificate mol-transitiem 18 shifter 18 shif	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH C	PAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	î i QR PARÎ 2)
offer this by the but hand M	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM ETC) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
O HOSPITAL OR ATTENDIN eroined by the hospital or TO FUNERAL DIRECTOR, at should be detached for use o with the State Dept. of Health IMPORTANT: If Item 21 is mo		sow the deceased alive a	of year the body affer death.	DEGREE ATTENDING PHYSICIAN	death occurred on the date and hour of MEDICAL STAFF DIRECTOR PHYSICIAN ticut Av., Kensing	9/23/35
BP		SURIAL, CREMATION, REMOVA SPECIFY) Urial		NAME OF CEMETERY OR CREMATORY ock Creek Cemetery	23d LOCATION CITY OF TOWN Washington	D.C.

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes,

P.A. Bethesda, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

- Charle State wayner of Bearing Bearing Generally X with resemble 20 14 400

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

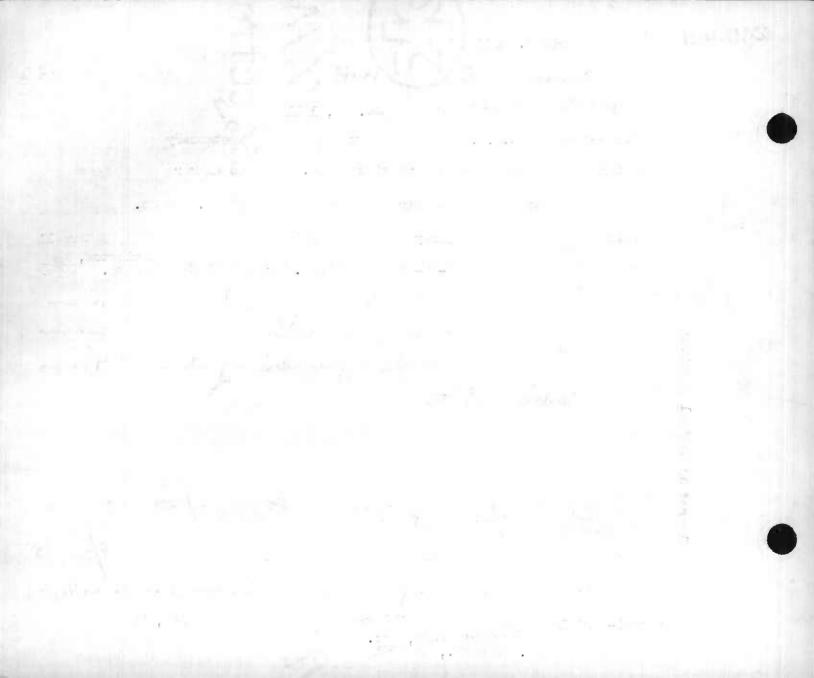
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02.004	7	FOR	DEDAD	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	curur)				
254001	1.	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	2 1 3			
e m =		CEASED NAME Fred	Eugene	Hornaday	Sept 1 1985	25. HOUR 2330			
oy be	3 SE		1 RACE	raday Is Date Of Birth		F UNDER 1 YEAR IF UNDER 24 HRS			
ge 4 m ector. p		Male	White	June 28, 01900 YEAR		ONTHS DAYS HOURS MIN.			
Jeath. Pa		ndlana	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	M			
120		or town of DEATH Bethes La	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Suburba	NG HOME OR OTHER INSTITUTION TADDRESS) HOSPITAL	17a USHAL OCUPATION (IVPE OF BEACH OF BORKING LIFE Vice President	industrainerican Forestry Assi			
pierrely filted or and 2 should be	13a S Ma 14 FA	AL RESIDENCE (# NURSING HOME OR ITATE 136 COUNTY 136 CO	OTHER INSTITUTION, GIVE RESIDENCE BEFO TY 13c. CITY OR TO	NN 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 10201 Grosvenor	2085			
Medical Control		VAS DECEASED EVER IN U.S. ARA			ADDRESS Claire Hornaday, W				
death certificate attenting physics ove company and attention address of the company of the certification attention at the company of the certification attention at the certification attention at the certification attention at the certification at the certification attention at the certification at the		PART I. DEATH WAS CAUSEI IMMEDIAT Conditions, if any, which	y one couse per line for (a), (b), o DBY: E CAUSE (a) DUE TO, OR AS A CONSEQU	PIVATORY AVVEL	Lunc Diregre	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SYddlw 10 415			
ed by the please rem		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE TO	JENGOF FOR CLUMONIA DEATH BUT NOT RELATED TO THE TER		1 WK			
equire Then to bu	NO O	Bil	LWTD icular	CONGESTIVE	HEAT FAILY RE				
bos beer permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? ZOD. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?			
PHYSICIAN: T ending physici this certificate e buriol-stransis d Mentol Hygi d ar Item 18 sb	MEDICAL CER	716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTHY MEDICAL EXAMINER) 71d. IN JURY OCCURRED		19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN 11EM 18, PA				
After After e os th	2	2	2	WE	sow the deceased alive on	ol) ottended the deceased from	8-31 1985	n deoth occurred on the dote and hour	9 that (I) (we) lo
TTEN TTEN TOR: for us of He									
by the hospital by the hospital BRAL DIRECTOR: e detoched for us sorte Dept. of Hem 21 is:		oboye (1) (we) (4)d) (did not	Topho	77e ADDRESS	A STATE OF THE STA	9/2/81-			
O HOSPITAL OR ATTENII stoined by the hospital i O FUNERAL DIRECTOR: hould be detached for us with the State Dept. of Hee MPORTANT; if hem 21 is i			800	ATTENDING PHYSICIAN 170. ADDRESS 1	A STATE OF THE STA	12/81- ChA Q lef 20			
TO HOSPITAL OR ATTENION retained by the hospital of TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of Hew With the State Dept. of Hew To I is a like of the should be detached for the should be detached for us with the State Dept. of Hew To I is a like of the should be detached for the should be a like of the should be shoul	23a. E		PANCADATE 1236. DATE	ATTENDING PHYSICIAN 170. ADDRESS 1	23d LOCATION CLERY	9/2/81- Char lefto			

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John June Hart Bash JOIN SING - AN Survey Strong

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DHMH - 16 60M 7/B4 (VRA 15, 4)

John Rhines Company

Burya1

22d PHYSICIAN'S NAME

JEREMY

230 BURIAL CREMATION, REMOVAL

236 DATE 9/9/1985 301500d2th St., N.E. Wash., D.

PERSONAL PRINTS

OOKE

73c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

22e ADDRESS

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(Onn. AUE 23d LOCATION

his Davidson-Randall

STATE

CITY OR TOWN Bladensburg, Md

250. DATE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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(VRA 15, 4)

STATE OF MARYLAND

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DHMH - 16 50M 4/83

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DHMH - 16 60M 7/84

Burial 9-19-85 Arlington Nat'l
H FUNERAL DIRECTOR Marshall's Funeral Home
4217 9th St NW: Washington, D.C.

ngton Nat 1 Cam Arlington Va.

Home | 250. Date RECD. 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE

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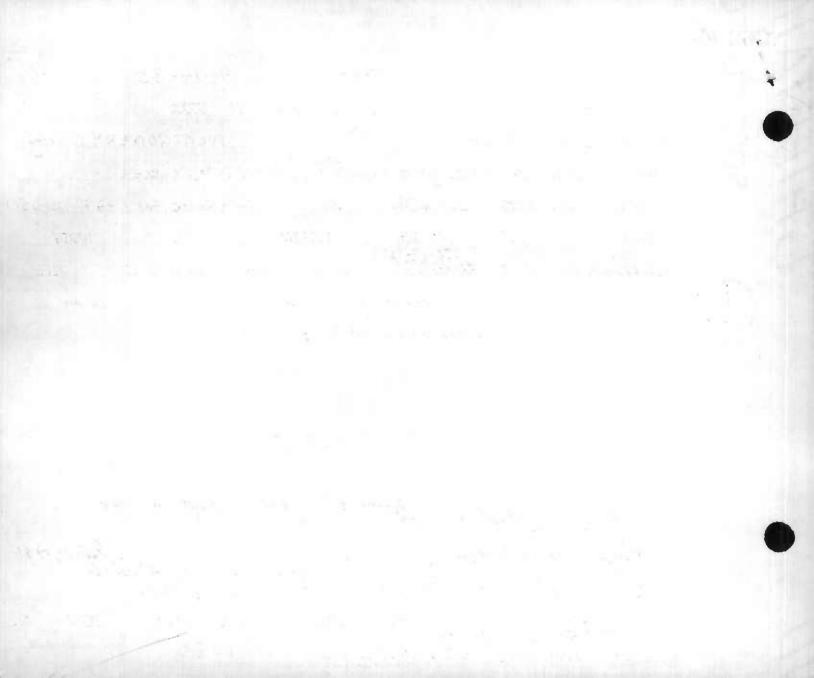
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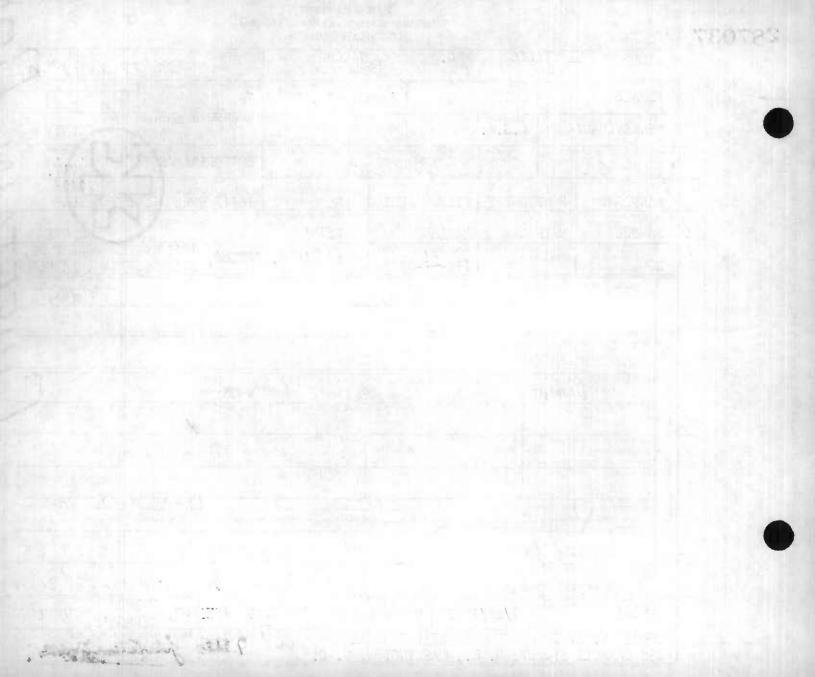
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	ALOR ATTENDING PHYSICIAN, The law requires that the death certificate be executed within 24 hours after death. Page a may be the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician end committely filled in by the funeral director, page Second for use as the burial-transit permit. Then please remove carbonopapers. Pages I am 2 should be filled within 72 hours offer death
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703	7	_	tem 16b, f FOR STATE REGISTRAR	ilmG	608 10	D/28/85 DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENES 5	REG. NO.	2 6 2	2	5
death		{TYPE		ICLIE		MIDDLE G .	JA	JARCHO Nelfo	20 DATE OF D	SEP	7 27 8	0/	20 AM
ector and the	11		EMALE		WHITE .		Janu	January 29,1909		76 AGE (IN YEARS LAST BIRTHDAY) IE UNDER I YEAR MONTHS DAYS		DAYS HOUR	IF UNDER 24 HRS HOURS MIN.
funeral dir thin 72 hou	10		ENNSYLVANI			WHAT COUNTRY	WIDOWE	NEVER MARRIED DO DIVORCED ROTHER, INSTITUTION	HIOV	Haon	OUNTY OF DEAT	COUNT	MD
by the	10	K	LESIDENCE (IF NURSI			HEACILITY GIVE STREE	T ADDRESS)	the sinstitution	EDITOR	TALOAS	SSISTANT	001	•
should be		13a. S M		13b COUNT		SILVER	VN 1	134 INSIDE CITY LIMITS? YES X NO 15 MOTHER'S MAIDEN N	10113	DRESS / ZIF	FOREST	20903 DRIVE	5
Complete	50	S	AMUEL AS DECEASED EVER I	NATH		KAPLAN	LIBITY NO	PFARI		ADDRESS.	ODEEU	GRONE	FINE
rs. Pepper	/	N	O OR UNKNOWN)	(IE YES, GIVE	WAR OR DATES)	196-91	3513	17 INFORMANT HAROLD G	. JARCHO,	SILVE	R SPRIN	G, MAT	RYLAND
ng physic conpape remaval	event, n	Ť	18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)							BET	PPROXIMATE IN WEEN ONSET A	AND DEATH	
by the attendir ease remaye carl al, crematian, ar			Canditians, if any, gave rise to imm cause (a), stating underlying cause	ediate the	(b)	R AS A CONSEQU							
t. Then plant or to burn or to bu	, and and a	TION	ρ.	ement	1a Ch	ronic L	YM MO		ellem-			1231	
te has be sit permi giene pri	2	CERTIFICATION	190 DATE OF OPERAT				- OPERATION	N WAS PERFORMED	****	10M	F YES, WERE F CERTIFYING CA YES	USES OF DE NO	EATH?
certifica vorial-tran Aental Hy	9	DICAL CE	OR CONTRIBUTING C C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	P.,	m. month [m.	PAY YEAR	216 HOW INJURY OCCU	JRRED (ENTER NATU	RE OF INJURY IN	ITEM 1B PART I ORPA	RT 2)	
After this e as the balth and A		MED	WHILE NOT WHI	LE 🔲		REET FACTORY, OFFICE	FARM ETC)	STREET		A L	COUN	tv	STATE
RECTOR: ed for us pt. of He	2 1 2 11 2		22a I certify that (II) saw the decrease above (II) we (id	thelive on	9 27	19_		d that in (my)(aur) apinio	an death accurred	an the date o		m the causes	
by the termination of detach State Der Ant. If the			REMINE	and b	an .			40 ATTENDING	MEDICAL DIRECTOR	STAFF	0	-27	
TO FUNE should be with the		73n B	RAYMOI	ND F	BASS	172	NAME OF C	3929 Tel	rora h	/ V	Uhrafm PRINCE:	Md	20906
BP			URIAL CREMATION, FURTAL		15 PDE (1)			EBANON CEMET		LPHI,	GEORGE!	S. MAR	RYLAND
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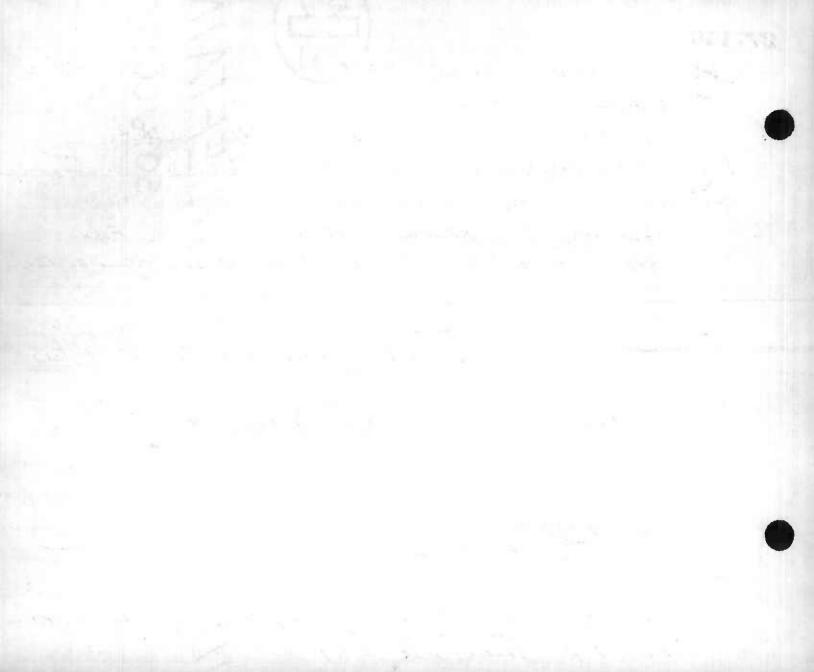


STATE OF MARYLAND

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10	FOR STATE REGISTRAR	DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	6 2 2 /
	ORPRINT) DONALD B	RIKE KA	ISER	2ª DATE OF DEATH MONTH	DAY YEAR 26 HOUR 29 85 85
4	MALE WHI	TE MONTH	30 08	75 YR	MONTHS DAYS HOURS M
20	US - MARYLAND US	WIDOWED			tery
XI	KOMA PARK WASH		mst.	TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS INDUSTRY DEPT
30 \rightarrow	IL RESIDENCE I IF NURSING HONE OR OTHER INSTITUTION TATE REPLAND THER'S NAME	LAURE!	13d. INSIDE CITY LIMITS? YES NO NO NAME NO NAME NAME NAME NAME NAME NAME NAME NAME		ODE 2070 LUREL Rd
30	ALENTENE MIDDLE	KAISER	EDITH .	MIDDLE	FISH
	VAS DECEASED EVER IN U.S. ARMED FORCES? ES. NO OR UNKNOWN) VES (IF YES, GIVE WAR OR DATES) WW II	215-22-4873	BRENT Mels	ADDRESS X KAISER	Same As 13
or other troumotic event, t	Conditions, if any, which gove rise to immediate	IR AS A CONSEQUENCE OF EMPLY SIR AS A CONSEQUENCE OF ACULTY MY	essociatory 18 Vasculo 10 cardial	rijatien protes	APPROXIMATE INTERNAL BETWEEN ONSET AND DE
18 shows any injury, o	9/28/55	ITION FOR WHICH OPERATION	was performed tail dista	200. AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
morked or Item 18:	21d. INJURY OCCURRED 21e. PLACE	.M. MONTH DAY YEAR .M. 19	216. HOW INJURY OCCURR 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
2 1 7 Hall	22a.1 certify that (I) (this hospital) attended the saw the deceased above an above, (I) (we) (dich faid on) view the body 22b. SIGNATURE	ofter death,	J that in (my) (aur) apinion o	, to	, 19, that (I) (we) nour and from the causes stated
1	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	rau T	ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	
23a.	URIAL, CREMATION, REMOVAL 236. DATE SPECIFY) 10-2	230. NAME OF CE EMMANU CHURCH	METERY OR CREMATORY CEMETERY	23d. LOCATION CITY OR TOWN SCASS Y'LLE	COUNTY STATE HOWARD MS
83 24 F	INERAL DIRECTOR 7601	SANDY SPRING.	220 DATI	E REC'D, BY REGISTRAR 756 REC	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

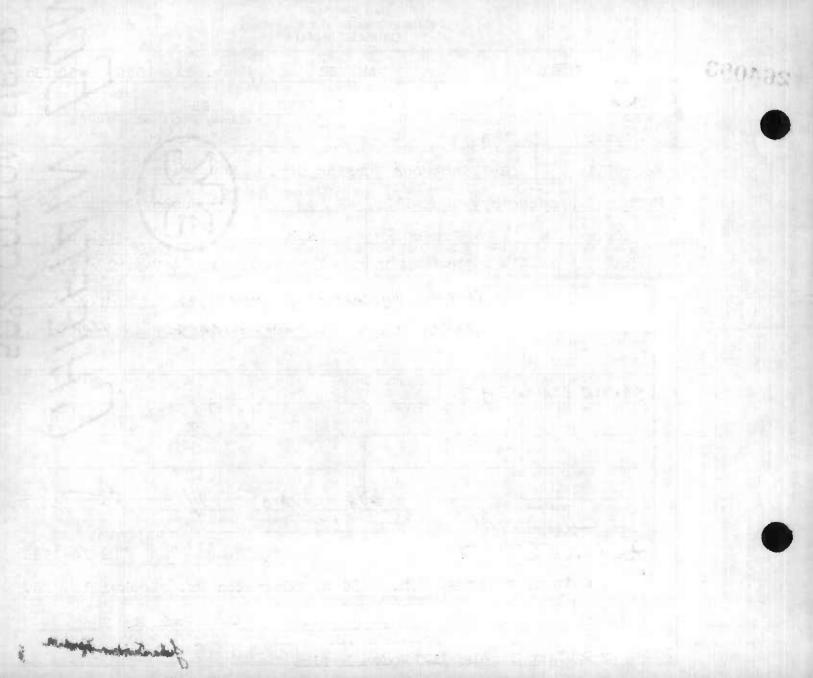


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DHMH - 16 60M 7/B (VRA 15, 4)

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		REGISTRAR				ICATE OF D	EATH		S NO.		
		OR PRINT)		MIDDLE		AST		20 DATE OF DEAT		AY YEAR	26 HOUR
			RIAM			MINER			13, 198		10:05рм
	3 SEX		4 RACE		5 DATE C	0.44	YEAR	6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	HOURS MIN.
1		Female	Whit	ce	July	21,	1890	95	YRS		79.1 3
/		RTHPLACE (STATE OR FORE	GN 76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER	AARRIED -	9 BALTIMORE CI	Y OR COUNTY	OF DEATH	
		Russia	USA		WIDOWE		VORCED	Montg	omery		MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS I	NG HOME C	R OTHER INST	ITUTION	120 USUAL OCCU		126. KIND C	OF BUSINESS OR
1	R	ockville		lingswo		rsing	Ctr.	House			
6	U5UA	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		13d. INSIDE C	COTIAALLYTI	13e STREET ADDRI	SS / 7IP CODE		
2		130	Montgomer			YES X	NO [urley A	Avenue	e 20852
1		THER'S NAME	MIDDLE	LAST		15 MOTHER'S	MAIDENNAM	MÉ			
1		Efrim	WIDDLE	Prude	nskv	T.	eah	MIDE	TE	funkr	nown)
		VAS DECEASED EVER IN I		166 SOCIAL SECT		17 INFORMA		A	DOREROCK		
1	{ }	(ES, NO OR UNKNOWN) (II	YES GIVE WAR OR DATES)	110-10-4	4421D	Carol	Merme	elstein;			
			nter only one cause ner	line for (a) (b) or				,			XIMATE INTERVAL I ONSET AND DEATH
		18 CAUSE OF DEATH (E PART I, DEATH WAS	CAUSED BY:	CUSAGE 6	ILLU A	ANNA	L ME	ARCTUR)	1.0	URS.
		IM								1	
		Canditions, if any, w		ENTRAL	OSC CA	SANTIE	HEAN:	TOISTEAS	33-	VEA	ns
		gove rise to immed	ate			700 000	77 777	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~		
		cause 10), stating underlying cause 1	ost. DUE TO, O	R AS A CONSEOU	ENCE OF					10.00	
		PART 2 OTHER SIGNIFIC	(c)	ONTRIBUTING TO	DEATH BUT	NOT BELATED	TO THE TERM	INIAI DISEASE OR	ONDITION CIVI	ENLINI DADT 1	
	N		RMKNTIA	SIVIKIBOTING TO	DEATH BOT	NOT KELATED	TO THE TERM	IIVAL DISEASE OK	ONDITION GIVE	NA IN EARL H	d
-	CATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b IF YES.	WERE FINDI	NGS USED
1	E							YES NO		ING CAUSES	S OF DEATH?
1	CERT	71g. ACCIDENT WAS UNDERLY	ING 1216. TIME C	F INJURY		21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF			NO []
9		OR CONTRIBUTING CAUS	E OF DEATH	M. MONTH D							
	DICAL	(IF EITHER NOTIFY MEDICAL E		M. OF INJURY	19	211. LOCATIO	ON				
	MEDI	WHILE NOT WHILE AT WORK	LAT HOME ST	REET, FACTORY, OFFICE.	FARM ETC)	STREET		CITY	ORTOWN	COUNTY	STATE
		22a.l certify that (l) (the			2	1/8	1085	9	113	85	4 - 44 - 15
		saw the deceased o		13 19	85 1	nd that in (me)	(aur) apinian d	death accurred on t	he date and how	and ham the	that H (we) last
		Sibove (1) Newscoled	did not view the body	after death		DEGREE			ic date and noor		E SIGNED
		SVIL.	Ton	7		A	TTENDING _	MEDICAL	STAFF		
1	74	224 PHYSICIAN'S NAME	COM COLUMNICA			122e ADDRES		DIRECTOR PH	YSICIAN [19-1	4-1985
	3			KIN, M.	D			naton D	Dog	1	- 16.21
						•		nston Di		KATTT	e, Ma.
	730 B	URIAL, CREMATION, REA				EMETERY OR		23d LOCATION	/N	COUNTY	STATE
	24 51	Burial UNERAL DIRECTOR	9-15-		Cacia	Cemete	Yacasa	Uzone	Park, Ne	w York	2
4		NAME		WDDWESS	ville	,	25a. DATI	A Q ANOC	RAR 256. REGISTR	AR'S SIGNA	UR
	Dai	nzansky-Gold	berg Chape	ls: 1170	Rocky	illo D	JE JEF	1 10 1923	A CONTRACTOR OF THE PARTY OF TH		



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

1	REGISTRAR		CERTIFIC	AIL OI DEATH	REG. NO).	District Francisco
1	L DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
ı	JAMES		KANE.	SR.	SEPTEMBER	17 1985	1:30 pm
I	1 SEX	4 RACE	5. DATE OF	BIRTH	6 AGE JIN YEARS LAST BIRT	HDAY) IF UNDER 1 YE.	
4	MALE	CAUCASIAN	MONTH	11.1917 YEAR	68	YRS WONTHS DAT	S HOURS MIN.
ı	JE BIRTHPLACE HEATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITDV2 9	XXNEVER MARRIED		R COUNTY OF DEATH	
1	WASHINGTON, D. C.	11 0 1	WIDOWED		MONTGOME	PV	MD
7	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR		120 USUAL OCCUPATE	ON 126 KINE	OF BUSINESS OR
1	SILVER SPRING	8609 MAYFAIR	DIACE		CONSTRUCT		\$Y
1	USUAL RESIDENCE HE NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)				
1	MARYLAND MONTO			BI INSIDE CITY LIMITS?	13e STREET ADDRESS	YFAIR PLACE	20910
7	MARYLAND MUNTO	OMERY ISILVE		MOTHER'S MAIDEN NA		TAIN PLACE	20710
A	JOHN	J. KAN		MARY	WIDDLE	E.	FENNEY
+	160 WAS DECEASED EVER IN U.S. AI			7 INFORMANT	ADDRE		LIVINLY
1	a recent reco	TT 213-1	2-1054	MARGARET H.	VANE CA	ME AS 13	WIFE
ł	YES WW			MARGARET H.	NAINE SA		OXIMATE INTERVAL
1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY.		1/1/11/11	2. 1/1	BETWE	EN ONSET AND DEATH
1	IMMEDIA	TE CAUSE 10)	al forle	1110000	m, merca	200. 3	soleno.
ı		DUE TO, OR AS A CONS	SEQUENCE OF				
1	Canditians, if any, which	(b)					
1	cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF			200	
1	underlying cause last.	(c)					
ı	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	lia
1	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING						
1	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINING CAUS	
J	HITA HITA				YES NOTA	YES 🗌	NO 🗌
П	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR	116 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART)
1	OR CONTRIBUTING CAUSE OF DE	AIR	19				
1	I IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY		II LOCATION STREET	CITY OR TO	WN COUNTY	STATE
1	NOT WHILE .	(ATTIONE STREET, FACTORY O	FFICE FARM, ETC.)	6	1 1		
1	220.1 certify that (1) (this hosp	ital) attended the deceased f	ram Thear	8 19.78	ta & d/p/	17 1985	, that (I) (we) last
1	saw the deceased alive at	at view the bady after death.	19 25 , and	that in (my) (our) opinian	death accurred an the do	ite and have and fram t	he causes stated
1	22b. SIGNATURE	11 46	DE	GREE		22c. DA	TE SIGNED
1	Much	Kenkly	in D	ATTENDING PHYSICIAN Z	MEDICAL STAF	FIANT Q-	18-85
1	TI . PHYSICIAN'S NAME TYPE	OR PRINT	12	Te ADDRESS			
1	SEDUCH V	INDIE	WI THE SHAPE	9801 GEORGIA	AUFNIE ST	I VER SPRING	AMD .

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN

BURTAL 9/20/85

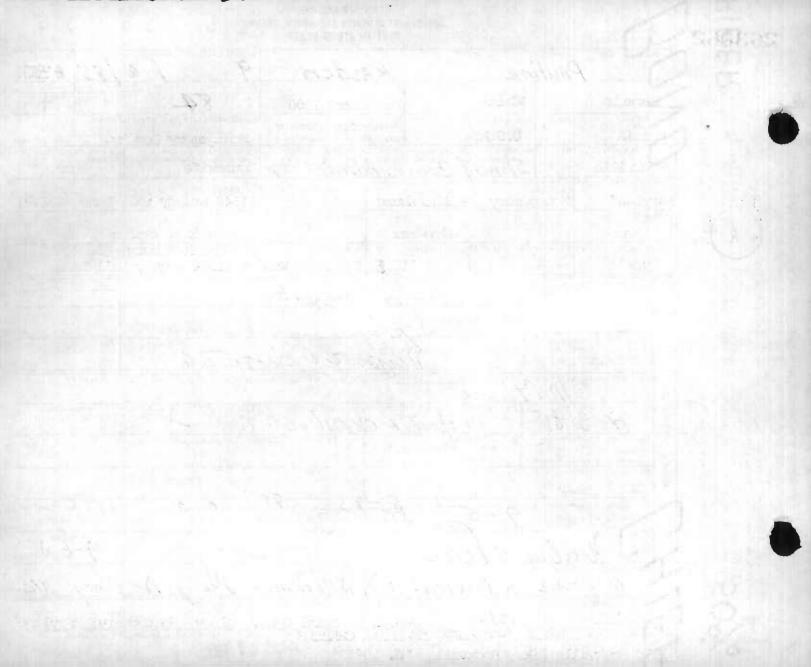
THE FUNERAL DIRECTO FRANCIS J. COLLINS ADDRESS

500 UNIV BLUD, W. STIVER SPRING, MD. 20901

STATE STATE

No.

263062	1.	FOR STATE REGISTRAR			DEPAR	MENT OF	E OF MARYLAND BEALTH AND MENTAL CICATE OF DEATH	HYGIENE	REG. N	2	6 2	30
oy be poge 3 r death			PAUL	ne	MIDDLE	K	asden	9 6. AG	ATE OF DEATH	10	6 85	25 HOUR 655AM
oge 4 m) I	emale		White			mber 1900		84	YRS.	MONTHS DAYS	HOURS MIN.
leath. Per north of the state o		RTHPLACE (STATE OR F COUNTRY) 18818	FOREIGN	U.S.A	WHAT COUNTRY	? 8 MARRIE WIDOW	DENEVER MARRIED DIVORCED	7	ontgomer		ntv,	MD.
ofter of softer		or town of DEA	ATH	Shace	HOSPITAL, NURS	TADDRESS)	dventist Ho	120 L	USUAL OCCUPAT OF WORK FOR MOST USEWIFE	ION	12h KIND C	of Business or
24 hour lited in must be f	13a :	AL RESIDENCE IN NURS STATE Cyland	136 COUN		13c. CITY OR TO	MN	13d INSIDE CITY LIMITS	5? 13e S1	TREET ADDRESS 548 Bran	zip cod	E	(20878)
SALTIMORE, MARYLAND ote be to the top page s. Per control of the	14 F/	Max		MIDDLE	Glass		15. MOTHER'S MAIDEN		U n k		LAS	
TIMORE,		VAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES?	166 SOCIAL SEC		17 INFORMANT Benjamin Ka	a <i>s</i> den			g, Md. Hall L	
I W. PRESTON ST., BALT not the death certificate b by the attending physicio 35 remove carbon papers, i, cremotion, or removal. other traumotic event, the		PART I DEATH W Conditions, if any, gove rise to imm couse (o), statin underlying couse	AS CAUSE IMMEDIAT which nediate ig the	D BY: E CAUSE (o)	OR AS A CONSE	HNCE OF	usrest o	Lin	tenh		BET WEEN	KWATE INTERVAL ONSET AND DEATH
NG PHYSICIAN: The low requires to other ding physicion. After this certificate has been signed os the burial-tronsit permit. Then ple th and Mental Hygiene prior to buria orked as, tem 18 shows ony injury, or	CERTIFICATION	PART 2. OTHER SIGN IN DATE OF OPERA 21a. ACCIDENT WAS UND OR CONTRIBUTING	DERLYING	IN CONE	OF INJURY	H OPERATIO	NOT RELATED TO THE TO N WAS PERFORMED LANGUE LOCAL TIC HOW INJURY OCC	200 YE	AUTOPSY?	206. IF YES	S, WERE FINDING CAUSES	NGS USED
DIVISION OF YOUNG PHYSICIAL After this certificate to so the buriel-trill hand Mental Inorked or, them I	MEDICAL	(IF EITHER NOTIFY MEDK 21d. INJURY OCCURR WHILE NOT WH AT WORK	CAL EXAMINER RED IILE	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	211. LOCATION STREET	or-	CITY OR TO	NWO	COUNTY	STATE
TO HOSPITAL OR ATTEND eroined by the hospital of TO FUNERAL DIRECTOR: should be detached for use with the Store Dept. of Head With MAPORTANT; If Hem 21 is no		270. I certify that Arr saw the decease aboye_f1 (we) (d 27b. SIGNATURE 27d. PHYSICIAN'S NA M I C.	and alive and did (did no	t) view the bad	1		DEGREE ATTENDING PHYSICIAN 220 ADDRESS	G MEI	occurred on the d	FF		
Bb		SPECIFY Burial		23b. DATE 9/8/8	35	Tudean	Memorial G	ins.	LOCATION CITY OR TOWN Olney;	Montgo	county omery;	Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)		JNERAL DIRECTOR [NAME 170 Rockvi]			ADDRESS		L CHAPELS 380	DATE REC	D. BY REGISTRAR	156 REGIST	RAR'S SIGNAT	ondelle



STATE OF MARYLAND

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TELEGOD MINISTER MODEL WILLIAM CONT. USE DE 185 Juin Lander Anne B.

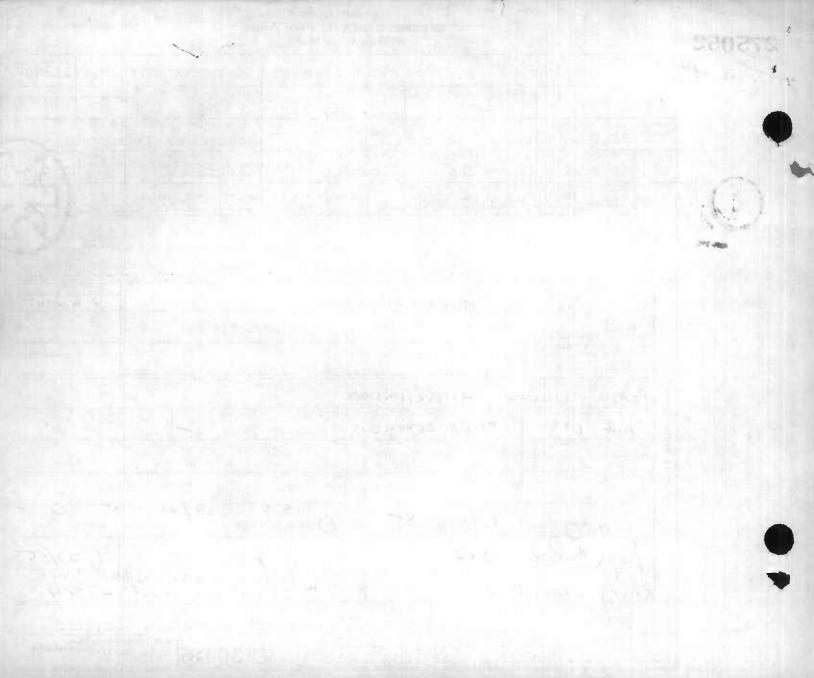
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-M. William Kendall 6 AGE (IN YEARS IF UNDER 1 YR. 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MALE WHITE 22.1940 WHAT COUNTRY 9. BALTIMORE CITY To BIRTHPLACE (STATE C MARRIED NEVER MARRIED FOREIGN COUNTRY) NEW YORK WIDOWED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ROCKVILLE 12504 PLAZA PLACE MECH ENGINEER BURFALL OF SHIPS 136. COUNTY 13e STREET ADDRESS 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? MARYLAND MONTGOMERY ROCKUTLIF 2504 PLATA PLACE A. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DOUGLAS KENDALI SHIMP VTOLF1 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. BROTHER TIGER TRAIL ROAD (YES, NO. OR UNKNOWN) HE YES GIVE WAR OR DATES 131-30-1433 NO 18. CAUSE OF DEATH (Enter only one couse per line for APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 71a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f. LOCATION 714 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 27a I certify that I took charge of the remains develoed above, held on Autopsy Inspection and in my opinion Accident Undetermined monner Notural causes Homicide 1EITON ADDRESS 7 100 DE 230 BURIAL, CREMATION, REMOVAL 9/20/85 Burial Parklawn Memorial Park Rockville, Maryland BP 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ²⁴ Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852 **DHMH - 17** (VR A15 ME (5)) SEP 24 1085 who travidon pandage 15M 7/76

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		200		STATE OF MARYLAND		
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1 25 10	TYPI	OR PRINT)	D.	Ville	09	4-85 243 PM
do do	3. SE	Riche	4 RACE	I 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ector.	M	ale	caucasian	Oct. 17, 1927	57 _{YRS.}	MONTHS, DAYS HOURS MIN.
Po of		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
in 7.	Ca	lifornia	United States	WIDOWED DIVORCED	Montgomery Cou	nty MD
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	17d USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING II Liason Officer	126. KIND OF BUSINESS OR INDUSTRY U.S. Gov't
20	1		Drady long H	ospitel .	Liason Officer	U.S. GOV'E
and 2	130.	II3b COU	somery Gaithers	VN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 10000 Dellcastl	e Rd./ 20879
	14 F/	THER'S NAME		15. MOTHER'S MAIDEN N	IAME	X STATE OF THE STA
A P	-	Richard	MIDDLE LAST Kinle	y Mabel	WIDDLE	Not Available
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offer this certificate has been sign as the burial-transit permit. Then th and Mental Hygiene prior to b orked or frem 18 shaws any injury	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
A S O O O		22a I certify that (I) (this hasp	pital) attended the deceased from.	19_8	4.10 914	19.85 , that (I) (we) last
E 4 5 9 2 2		now the decreased alive or above (I) (well (fid) (did a	or view the body after Beath.	, and that in (my) (aur) apinio	n death accurred on the date and hou	or and from the causes stated
《 · · · · · · · · · · · · · · · · · · ·		226 SIGNATURE	/	DEGREE		22c. DAJE SIGNED
A TANDA		Dene	lus	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9114/85
FUNER BY A SECOND		234 PHYSICIAMS HAME (1119)	C. P. 1 1 1 1 2 2 1	22e ADDRESS	N 0	0
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E 9 H 7 3 5 1		URIAL, CREMATION, REMOVAL	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY		
BP		Cremation	Sep 17,1985 Me	tropolitan Cremato		Virginia STATE
DHMH - 16 50M 4/83	24 FI	NERAL DIRECTOR Rober	t A. Pumphrey Fu	neral Homes, 250 D	ATE REC'D. BY REGISTRAR 256. REGIST	
(VRA 15, 4)		P.A. Roc	kville, Maryland	.0	IL TA 1800 Homes	undon - his man

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(VRA 15, 4)



266064

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17b. KIND OF BUSINESS OR

H.S. Gov't 20903

Lacy

INDUSTRY

8204 New Hampshire Ave. Apt. 104

Hebron, Maryland 21830

CERTIFICATE OF DEATH

DIVORCED

NOF

Charles N. Black

Mary

REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONITM DAY 2b. HOUR LIVPE OR PRINT WILLIAM HOWARD KLINEHANSE September 14. 1985 AGE (IN YEARS LAST BIRTHDAY 4 RACE S. DATE OF BIRTH F UNDER I YEAR HTHOM VEAR Male Caucasian October 3, 1894 To BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

YES 😿

Washington D.C. U.S.A. WIDOWED IN CITY OR TOWN OF DEATH

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Wilson Health Care Center Gaithersburg 136. COUNTY 13c CITY OR TOWN

Maryland Montgomery Silver Spring I FATHER'S NAME 15 MOTHER'S MAIDEN NAME

MIDDLI William Klinehanse 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO.

(IF YES, GIVE WAR OR DATES) 578-58-1685 Yes WW-1

18 CAUSE OF DEATH (Enter only one couse per line for (and 10), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o

DUE TO: OR AS A CONSESS

DUE TO, OR AS A CONSEQUENCE

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M.

(IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE

77k SIGNATURE

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

Burial

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse

CERTIFICATION

FOR

- STATE

3 SEX

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from

YEAR

21L LOCATION

22e ADDRESS

DEGREE

Rock Creek Cemetery

CITY OR TOWN

Montgomery

Investigator

13e STREET ADDRESS / ZIP CODE

12ª USUAL OCCUPATION

17 INFORMANT Step-son Rt. #1 Box 24

NO [

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

206. IF YES, WERE FINDINGS USED

COUNTY

YES

IN CERTIFYING CAUSES OF DEATH?

ATTENDING MEDICAL DIRECTOR PHYSICIAN

200 AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

NO

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

the b

Franciske Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, Maryland

9/18/85

23h DATE

Washington D.C.

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P € € ÷ 3 ≧	23a. I	BURIAL CREMATION, REMOVAL		name of CEMETERY OR CREMATORY ttsfield Cemate:	ry Pittsf	Massach ield, °Berkshi	ruset re,
DHMH - 16/60M 7/84	24 F	UNERAL DIRECTOR	40 MAPLEW	OOD AVENUE 250. DA		REGISTRAR'S SIGNATURE	

	1-	STATE OF MARYLAND OR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 2 6 2 3 7 TATE CERTIFICATE OF DEATH REG. NO.	
7064		ASED NAME FIRST MIDDLE LAST LAST 26 DATE OF DEATH MONTH DAY TEAR 26 HOUR PRINT Floud A. Lanier Jr 20 DATE OF DEATH MONTH DAY TEAR 26 HOUR PRINT FLOUR A.	^
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- 4 > 5	23	PLAN CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE	

WILLIAMSTON

DHMH - 16 60M 7/84 (VRA 15, 4)

Seatons (1975) The American American American 11-37 H 1 18-11-2 N.C. P. U.S.A. T. Semmenter DETRINA LETERAL BOUEL HOSP, RETTARD -Md. FIG. C. CAPI ANTS 712 FRESMO STE FLOY! A LANIER SR. INEZ GRIEFIN . 23/457-9176 LILLIAN BROWN-1012 1888112 STO and other less of the the Thereso was a sold the sold of 9 1 - Wb 4 2 0 0 1/2 1900 WIND AND WENT EUNINE 9-15-85 WHITE IN THE STEEL STEEL His linders ten Head-Burn and Bon

1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG LICATE OF DEATH	IENES 5	2 6	2	3 8
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		WALL	y	ANN		LAUE	SEPTEMBE	R 5, 19	85	3:10 A
3. SE	X		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTH	DAY) IF UN	DER I YEAR	IF UNDER 24 HRS
10	FEMALE		CAUCAS	TAN		12, 1903	82	YRS		
	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR		DEATH	
1	GERMANY		u.s.		WIDOWI	DIVORCED	MONTGOME			MD
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	YAS DECEASED EVER		MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU		HENRY J. LAU		1720 GR		SCROFT R
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CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	III	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	TINITEM 18 PART I	OR PART 2)	
MEDICAL	21d. INJURY OCCUR	HILE [21e PLACE ((AT HOME STR	OF INJURY BET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TOW	M	COUNTY	STATE
	270.1 certify that (1) saw the deceas	ed alive an	(-1	19	1	nd that in (my) (our) apinion	death occurred an the dat	te and haur and	- 3	that (I) (we) last causes stated
,	226 IGNATURE 226 PHYSICIAN S N	#	SKL	LAL		DEGREE ATTENDING PHYSICIAN 1220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICI		22c. DATE 9/	SIGNED

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR.

(VRA 15, 4)

(SPECIFY) 9/9/85 BURIAL 24. FUNERAL DIRECTOR FRANCIS J. COLLINS

230 BURIAL, CREMATION, REMOVAL

DAVID B. KESSLER, M.D.

23h DATE

500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

23c. NAME OF CEMETERY OR CREMATORY FT. LINCOLN CEMETERY

BRENTWOOD

PRI GEO

MD.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

10620 GEORGIA AVENUE, SILVER SPRING, MD.

SEP

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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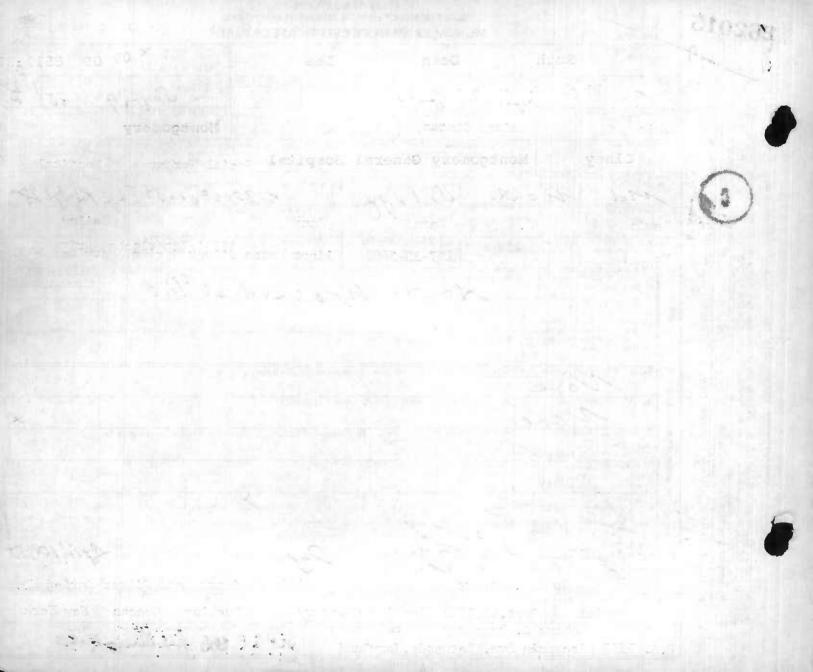
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10 CI	TY OR TOWN OF DEA	TH III		HOSPITAL, NURST H FACILITY, GIVE STREE		OR OTHER INSTITUTION		OF WORK FOR MOST		126 KIND FE) INDUSTE	OF BUSIN	10
	ithersburg			Health		Center	Va	rious		Dept	t. Sto	or
130. S	L RESIDENCE (IF NURS	136 COUNTY		130 CITY OR TOV		13d. INSIDE CITY LIMITS	S2 13e S1	REET ADDRESS	/ ZIP CODE	F	G-	
	Md.	Montg		Gaither		YES X NO	3. 130 0	Russ			20877	1
14. FA	THER'S NAME					15 MOTHER'S MAIDEN	NAME	- Const				-
1	Charles	An	brev	Silan	ce	Edith		Jane			Belt.	
16a W	AS DECEASED EVER			16b SOCIAL SEC		17 INFORMANT		ADDR	ESS 612			
(A	ES NO OR UNKNOWN)	(IF YES GIVE W	AR OR DATES)	070 06	0001	77 71 - 71				Oak H		
	No		-	212-26-		Walter Ric	chards	son Ba	ltimor	e Md	21200	0
	PART I DEATH W	H (Enter only) AS CAUSED E	ane cause per 3Y:			57	1			BETWE	OXIMATE INTE	
		IMMEDIATE (CAUSE (o)	CELBE	ocal	Mrom	0021	5		1	mo)
NO	PART 2 OTHER SIGN	VIFICANT CO	nditions <u>co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	TERMINAL	DISEASE OR COM	DITION GIV	VEN IN PART	lia	
ERTIFICATION	190 DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERTIF	S, WERE FIN	ES OF DEA	ATH
	21a ACCIDENT WAS UNE	EDIVING T	21b. TIME O	E INTUIDY		121, HOW INTERVOC		S NOL	1	ES 🗌	NO [
0	OR CONTRIBUTING			M. MONTH D	DAY YEAR	21c. HOW INJURY OC	CORKED (ENTER NATURE OF INJU	INTEM IS	PART OF PART 2	1	
§ I	(IF EITHER NOTIFY MEDI		P.,		19							
MEDICAL	214 INJURY OCCUR		21e PLACE O	OF INJURY REET, FACTORY, OFFICE	FARM ETC)	211 LOCATION		CITY OR TO	OWN	COUNTY		STA
	AT WORK NOT WE	RK L										
	22a I certify that			e deceased fram.	TIVO	13 19	75.	-sep	13	19 85	_, that)(we
	saw the decease	d alive on	new the body	after death.	85. ar	nd that in (my) (aur) apii	nion death	occurred on the d	ate and hou	ond from t	he couses s	tate
	77s SKINATURE	X	7	0		DEGREE				22c. DA	TE SIGNED	5
	State of the last	1.4)	()/	11 77-5		ATTENDIN PHYSICIA	NG ME	DICAL STA		9	-3-5	85
	228 PHYSICIANS NA	AME (TYPE OR PI	(1)	VUV	39	22e ADDRESS	~					
	clamas	(P)	na	10.1.	MAT	203 D-	~11	- A -	(11	12000	4
12 n	URIAL CREMATION.	DEMOVAL I	11 DATE	1000	NAMEOS	EMETERY OR CREMATO	OD He	5 /TV	SILI	1 hers	Sinc	76
	DEC IEVI	KEMOVAL	9/6/1					CITY OR TOWN		COUNTY		STA
20.00	Burial		- /			wn Cemetery		Baltimo				M
	NERAL DIRECTOR	reabell.	Sandien	316 Ents	Diamon	IC TACE		D. BY REGISTRAF	1	IKAR'S SIGN	ATURE	
Ga	Gartner Sandison F.H. Gaithersburg, Md. 20877 SFP Q 1085					on-Han	nda					

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

BP.

62015	1-	FOR STATE SEGISTRAR			DEPARTMENT OF H	E OF MARYLAND EALTH AND MENT ER'S CERTIFICAT	F 1 12	2 6 REG. NO.	241	
19 mm 18		CR PRINT)	Ruth	ı	Dean	Lee	2a. DA O DEA		9 09 year 85	26 HOUR 11:3
DIRECTA OUR FILE 72 HOU ON STREE	1	male	Black	2 .	1894 91 THOM	MONTHS DAYS HOU	URS MIN PRONO	ATE MONT	H DAY YEAR 9 1980	2d HOUR
S FOR YO WITHIN 7	oi	RTHPLACE (5 REIGN COUNTRY)		United S	tates		MARRIED MO	ontgomery		MD
6		Oln	ey	Montgon	nery Gener	al Hospita	FOR MOST OF	CUPATION (TYPE OF WOR WORKING LIFE) Worker	Hospita	RY L <u>1</u>
Y	USUA 130. S		113b COUN		13c. CITY OR TOWN	YES NO	MITS? 13e STREET AD	DRESS OVETO EL	Lac RINA	:28
150	Le	THER'S NAME FIRST EWIS	M. 1	J. DDDLE	Dean /(Anna	MAIDEN NAME	MIDDLE	Bail'ey	
VISION /		S. NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	107-32-560	00 Elinor	Moten 1510	l Interlach er Spring,	Mary Land	20906
AS A BURIAL - TRANSIT PEI ALTH AND MENTAL HYGIE CREMATION, OR REMOVA	NO	gave ri cause (a lying cau		DUE TO, OR	AS A CONSEQUENCE O	IF NAL DISEASE OR CONDITION GIVE	N IN PART 1 to			
EPARTMENT OF HEALT	CERTIFICATION	190 DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OPERA	ATION WAS PERFORMED)?	W Shap	2B AUTOPSY?	NOX
8 0 0 0		UNDERLYING	AL CAUSE WAS OR ING CAUSE OF		INJURY MONTH DAY YEAR	21c. HOW INJURY OCC	CURRED LENTER NATURE (OF INJURY IN ITEM 18 PART 1 OF	R PART 2)	
1201 PR	MEDICAL	WHILE AT WORK	NOT WHILE [ORY, FARM, ETC.)	211 LOCATION STREET	City C	R TOWN	COUNTY	STATE
H, WITH THE ST. MARYLAND, 2		22a I certi death result		ge of the remains desc ral causes	Accident Suit	Autopsy . Ins		d manner	TE Apy 1/4	249,875
TO FUNERAL DIRECT AFTER BEATH, WITH BALLINGRE MARYL		/	NAME John	s. Roger	5	ADDRESS 19		Road Silv	er Spring	MD.
BAU -	22,038	Bu	rial	Sept.13,1	23c. NAME OF CEM 985 Flushin	etery or crematory g Cemetery	Flushi	ng Queen	s New Yo	
17 E (5))		LANGE		VDDKE22	rey Funeral ethesda,Mar		EP 1 6 1985	strar 256 REGISTRAR	. 100	*
20M 4/82						-	<i>p</i> -	-		



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CEPTIFICATE OF DEATH

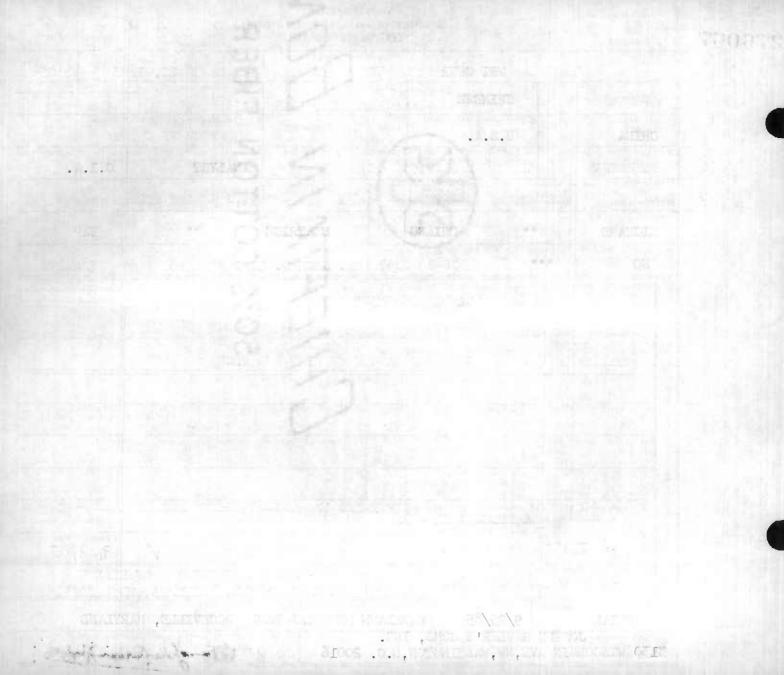
		REGISTRAR	FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR								
			FIRST	٨	AIDDI E	L	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	17777	VI	RGINI	A WEI	CHUR	LE	E	SEPTEMBER	22, 19	85	3:05p
	3. 58)	X	4	RACE	and the second s	DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	
,		FEMALE		CHINI	ESE D	ECEM	BER 22, 1925	59	YRS	NONTHS DAYS	HOURS MIN.
Ŋ	Ja. Bi	RIHPLACE	REIGN 7	b CITIZEN OF	WHAT COUNTRY?	AA A DDIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	FA LLIN
1	1	CHINA		U.S.A		VIDOWE		MONTGOME	RY COU	JNTY	M
	10. C	TY OR TOWN OF DEATH	н 1				ROTHER INSTITUTION	120. USUAL OCCUPATI	ON	126 KIND C	OF BUSINESS OR
ß]	BETHESDA		NIH, TH	HE CLINICA	L CE	NTER	ANALYST	P WORKING (IFE	C.I.	A.
		AL RESIDENCE (IF NURSING	G HOME OF C		GIVE RESIDENCE BEFORE AD		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 TIP CODE		
	MAI	Control of the Control			KENSINGTO		YES NO		R DRIV	7E 20	0895
G	TA.FA	ATHER'S NAME					15 MOTHER'S MAIDEN NAM	WE	IX DICT V		
Ŋ	- 2	RICHARD	*	IDDIE	CHIANG	1	BEÄTRICE	widon		YA	P
	16a V	VAS DECEASED EVER IN			166 SOCIAL SECURIT	IY NO.	17 INFORMANT	ADDRE	:SS		
	1	NO OR UNKNOWN)	(IE AE #C#C#	WAR OR DATES)	576-30-1	947	MR. JACK Q.	LEE, HUSBAN	D	(S	SAME)
		18 CAUSE OF DEATH	Enter anly	ane cause per	line far (a), (b), and (ch1;		200101		BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS		CAUSE (a)	CARDIOPUL	MONA	RY ARREST				
				DUE TO OF	R AS A CONSEQUEN	CE OF					
		Canditians, if any,		(1b)_			EAST CANCER	327			
	150	gave rise to imme		DUETO	R AS A CONSEQUEN	CE OF		TENTON N			
		underlying cause	last.	(10)	SQUAMOUS	CANC	ER OF HEAD AN	D NECK		13.6	
		PART 2 OTHER SIGNIE	FICANTIC	ONDITIONS CO	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
J	CERTIFICATION										
5	S	19a DATE OF OPERATIO	NC	196 CONDI	TION FOR WHICH OF	PERATIO	WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	, WERE FINDIN	NGS USED
	1	LOCAL CONTRACTOR						YES NO TO	YES		NO [
)	8	71a. ACCIDENT WAS UNDER		216. TIME O	FINJURY M. MONTH DAY	VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)	
	4	OR CONTRIBUTING CAL		H HOUR A.		19 19					
	MEDICAL	21d INJURY OCCURRE		21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE
	×	WHILE AT WORK		(AT HOME STR	EET, FACTORY OFFICE, FARA	M ETC)	STREET	CITY ON TO	WIN	COUNTY	SIAIE
							MBER 17. 19.85				
		saw the deceased abave, Hy (we) (did	alive an_	SEPTEME	RER 22 19 85	, an	d that in $(\overline{\mathbf{n}_{\mathbf{Y}}})$ (aur) apinion of	death accurred an the de	ate and havi	and fram the	causes stated
		1776 SIGNABURE		^		[DEGREE		,	22c. DATE	
		Henolo	You	Abeca	1110		ATTENDING PHYSICIAN	MEDICAL STAI	IAN	9/22	2/85
		224. PHYSICIAN'S NAM			000	Mu	22e ADDRESS NATION	AL INSTITUT	ES OF	HEALTE	1
		Kenato	1 ho	rfocca	, 1710		CLINICAL CE				0892
T	23a. E	BURIAL, CREMATION, RE	EMOVAL	23b DATE	23c NA	ME OF CI	EMETERY OR CREMATORY	23d LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL

ROCKVILLE, MARYLAND PARKLAWN MEMORIAL PARK

BURIAL 9/25/85 PARKLAWN MEMOR 24 FUNERAL DIRECTOR JOSEPH GAWLER'S SONS, INC. 51.30 WISCONSIN AVE, NW, WASHINGTON, D.C. 20016



230 BURIAL, CREMATION, REMOVAL (SPECIFY) CITY OR TOWN GATE OF HEAVEN SILVER 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR COLLINS SILVER SPRING, MD.

26 HOUR

IF UNDER I YEAR

8:00F

WAY 20895

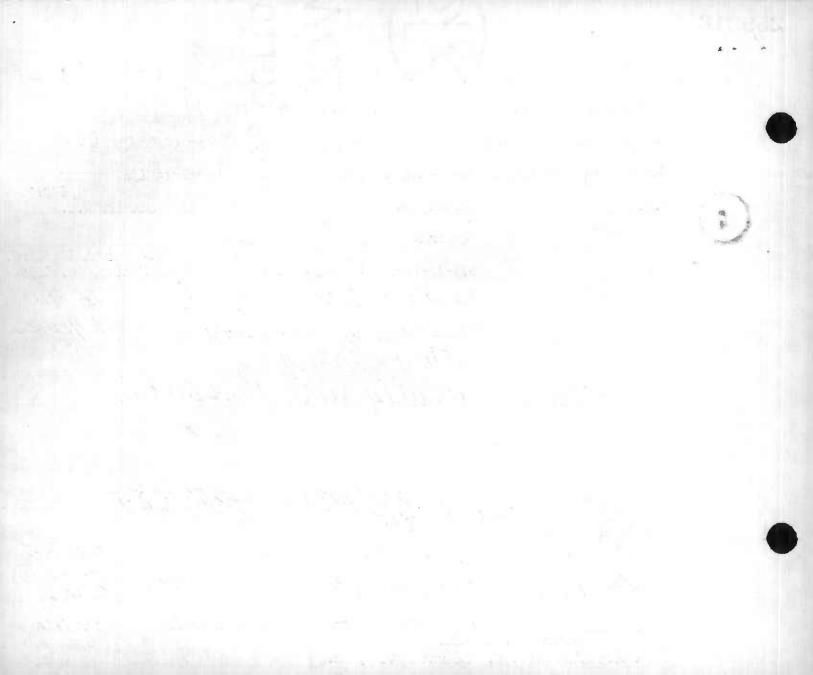
STATE

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10.m.

140805 much to the same of integral they have gentender to the grand of 75 Friger 2000 3 1/8/10 18/11/8 farming V. Cooks in I every V. Cooke Inter County And Henry DE



STATE OF MARYLAND

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2 4

1-	STATE * REGISTRAR			DEPARIN		ICATE OF DEATH	REG. N	6.a	O Con		4
	CEASED NAME	FIRST	٨	AIDDLE	U	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	R
TITPE	-	ENA	KEE	HNE	LIET	WILER	SEPT 21	1985		2:41	A
3. SEX			4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER	
FEMALE			CAUCASIAN		OCTOBER 08 1906		78	YRS.	MONTHS DAYS	HOURS	MIN.
70 BIRTHPLACE (STATE OR FOREIGN			76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH				
OHIO			U.S.A.		WIDOWED DIVORCED		MONTGOMERY COUNTY				
IS CITY OR TOWN OF DEATH			1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AS NAVAL HOSPITAL B				12a USUAL OCCUPATION (IRCANOSTOF WORKING LIFE) INDUSTRY CONTROLLED TO THE CONTROLLED				
	ETHESDA AL RESIDENCE (IF NURS					DDA .	I Speciali	st	Dauc	acio	
13a STATE 13b. COUN		136. COUNTY	13c. CITY OR TOW		N 134. INSIDE CITY LIMITS?		13e STREET ADDRESS / ZIP CODE				
THAT THE TOTAL OF THE PARTY OF		MONTGO	GOMERY BETHESD				5907 ABERDEEN ROAD 208			317	
14 FATHER'S NAME FIRST			IDDLE LAST		15 MOTHER'S MAIDEN NA		MIDDLE ENZENAÜER				
CHARLES HE			NRY KEEHNE		BLANCHE				ENZENAU	EK	
60 WAS DECEASED EVER IN U.S. ARME							11123 SCHUYLKILL ROAD				
	NO	(ii its ditt iii	-	219-34-	-9846	CHARLES J. LI	ETWILER ROO	KVILI	_		
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
S											
CERTIFICATION	19a DATE OF OPERATION 19b (196 CONDI	CONDITION FOR WHICH OPERATION		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\int \) NO \(\cap \)			
	2)a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.			Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJI	JRY IN ITEM 18	PARTTOR PART 2)			
MEDICAL				AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)		211 LOCATION	CITY OF TOWN		COUNTY	COUNTY STATE	
×	AT WORK AT WORK										
	220 Lecrtify that (1) (this hospital) attended the deceased from 04 SEPT 1985, ta 21 SEPT 1985, that (1) (we) last sow the deceased alive on 21 SEPT 1985 and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death.										
	226. SIGNATURE	no	n &	lune	- N		MEDICAL STA		9/26	SIGNED	,
	JEANI	NE M.		IEE		NAVAL HOSPITA	LBETHESDA,	BETHE	SDA MD.	2081	4

DHMH - 16 60M 7/84 (VRA 15, 4)

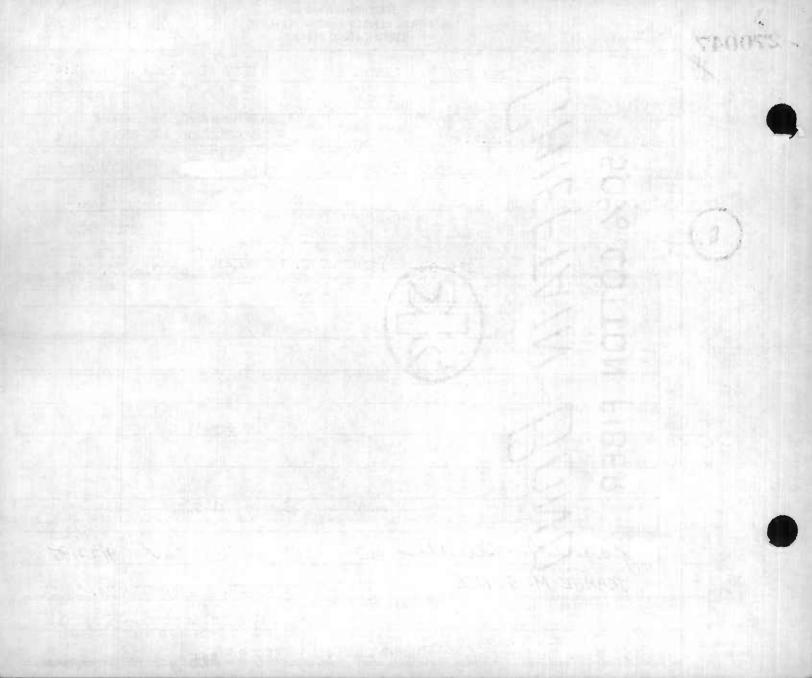
230. BURIAL, CREMATION, REMOVAL SPECIFICATION

^{23b. DATE}Sept. 25, 1985 23c. NAME OF CEMETERY OR CREMATORY Arlington National

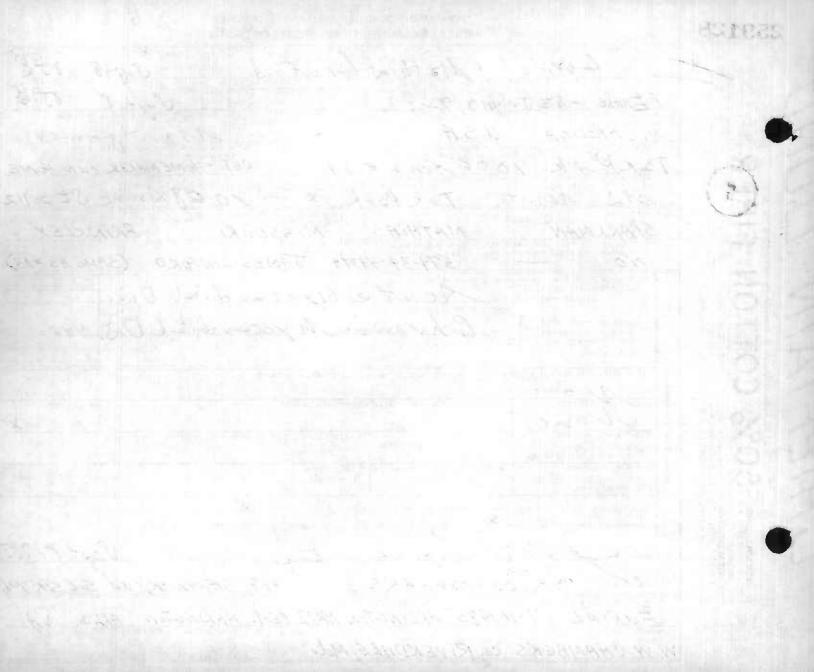
Arlington, Cunty Arlington

^{24 FUNERAL DIRECTO} Robert A. Pumphrey Funeral Homes, P.A. Bethesda, Maryland 20814

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



		1	STATE OF MARYLAND
250	9128	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 6 2 4
20.	3 Ivo		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
	11	I DI	CEASED NAME FIRST MIDDLE AST 20 DATE KNOWN DO MONTH DAY YEAR DE LOS
	Marsh 1	1	COVAINE Mathias Cintord DEATH MATED SONT 19 19
	西口面も報	1 SE	X 14. RACE S DATE OF BIRTH 6. AGE (INYEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20 DATE MOUTH DAY YEAR 18 HOURS MIN PRONOUNCED
ARY, I L DIRE YOUR	N S C R		FEMALE White Trybald 90 PT YRS. DEAD PEAD PEAD PEAD 19 00 4M
		7a. 6	IRTHPLACE (STATE OR 76 CITIZEN OF WHAT QUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
	NEW YORK WATER	/	NI CAROLINA U.S.A. WIDOWED DE DIVORCED AND SOMENAMO
	古事が出て ション・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	10.0	ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. USUAL OCCUPATION (TYPE OF WAR 178 EVEN SIREET ADDRESS) OR INDUSTRY
	五中 当 世 N / / / / / / / / / / / / / / / / / /	1/1/	BKPWK 1008 Amn & St RET HOME MAKER OWN HOME
= 1	Cozen/		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 1136. COUNTY 1136. CITY OR TOWN 1136. INSIDE (ITY LIMITS? 1136. STREET ADDRESS
21201	2363V	0 130	MI Mont Tak by k YES NO 1 10 08 Anne St 20912
MD.		14. F	ATHER'S NAME 15. MOTHER'S MAIDEN NAME
	東京を見すん	2	SPARKMAN MATHIAS MISSOURI BRINKLEY
Q V	OF A SEE	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
BALTIMORE	E SES		YES, NO, OR YHKNOWN) (IF YES, GIVE WAR OR DATES) 579-34-49379 JAMES LINFORD (SAME AS #13)
2	B. GIVE I WITH FC T. PAGES DIVISION	=	IR CALISE OF DEATH (Enter only one cause per line for (a) (b) and (c))
ST.			PART I DEATH WAS CAUSED BY:
PRESTON ST	24 HO ITEM I ILONG PERMI GIENE, OVAL.		IMMEDIATE CAUSE (a) ODE TO, OR AS A CONSEQUENCE OF
SES	NCIL IN NCIL IN INER A INER A ITAL HY R REMO		Canditions, if any, which
× .			gave rise to immediate cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF
201	XAMIN XAMIN XAMIN XAMIN XAMIN NENT		lying cause last.
	AAL BAND	- 3	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a.
RECORDS	SHOULD BE EXECUTED DRD "PENDING" IN PRICHIEF MEDICAL EXAME USED AS A BURIAL OF HEALTH AND MELURIAL, CREMATION, C	Z	4 / 11441
	PENDI PENDI PENDI PENTI PENTI L, CRE/	7 5	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
VITAL	SHOUND TO THE FLORE TOF H	S 5	None YES NO DE
OF VI		CERTIFICATION	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 116M 18 PART 1 OR PART 2)
	ICATE WITHE WOULD BOULD	A	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19
DIVISION	CERTIFING TOPED TO SED	MEDICAL	714 INHIRY OCCURRED 716 PLACE OF INHIRY TATHOMS 716 LOCATION
No.	S CE RDE RDE	A A	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	E, WRITE EWARD PAGE STATE (AT WORK — AT WORK
	CEXTIFICATE ULD BE FORM UD BE FORM UDINECTOR: I, WITH THE S MARYLAND,		220 I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my apinion
	ERTIFICE BE OIRECT WITH I		death resulted fram: Natural causes . Accident ., Suicide ., Hamicide Undetermined manner
	CERTIFICATION OF BEACH OF BEAC		ACTUAL TITLE (SPECIFY)
	ATT STATE	7	SIGNATURE SIGNED
	PER DE	1	EXAMPLES NAME TO HALL & GROCERS 1910 CENTILISEVEL S'I IDE A
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUI TO FUNERAL D. AFTER DEATH, V. BALTIMORE, M.	122	BURIAL, CREMATION, REMOVAL 23b. DATE 136, NAME OF CEMETERY OR CREMATORY 23d. LOCATION
		230.	SPECIFY A 12 1 9 11 10 00 - 1 01 - 1 - 1 - 1 - 1 0 00 00 CITY OR TOWN STATE
07/84 25M	BP	74	UNERAL DIRECTOR 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE
	DHMH - 17	1	NAME ADDRESS
	(VR A15 ME (5))	IN	W. CHAMBERS Co. RIVERDIALE, Mdr SEP 13 1985 June Davidson-Randale





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

		REGISTRAR		CEKITE	ICAIE OF DEATH	REG. NO).		
4113/		CEASED NAME FIRST C	harles F		Lloyd	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
be of 3	1	CHA	RLES F.	21	oud	Sept	111	985	1225 AM
moy er d	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER TYEAR	IF UNDER 24 HRS
ge 4	1/	M	CAUC	MONTH 9	17 08	76	YRS MO	NIHS DATS	HOURS MIN.
od # 1 6 6		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF		FDEATH	
40 11 3 0		lass.	USA	WIDOWE		Montgom	erv		MD.
D is	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME C		120 USUAL OCCUPATIO	N		BUSINESS OR
13 688		S.S.	Holy Cro	SS HOSP	ital	US GOV t.	WORKING LIFE)	Retir	ed
nou # 26		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	1	111111
1 24	N	id. Mor			YES NO	9727 Pisc		ad A	1707
FIX	LL E	ATHER'S NAME	MIDDLE LAS	5.7	15 MOTHER'S MAIDEN NA	WE -	0111 110	1467	
COM	1	IINK	Llo	yd	Mary	G.		Lloy	
1	16a. \	WAS DECEASED EVER IN U.S. AF		SECURITY NO.	5 Browshing				lass.
52 17			WII 078	12 1628	Margaret B	och (Friend	020	61	
ofe r		18 CAUSE OF DEATH (Enter of	nly one cause per line for 101, (b, and ic	1 10	000	5	BETWEEN OF	NATE INTERVAL NSET AND DEATH
on po emo		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	with M	avental	In Marcel	LAN	HOUR	5
h ce corbing or r			DUE TO, OR AS A CON	SEQUENCE OF		011-			
ove fion,	D.	Conditions, if ony, which	((b) CA	taran	es de lety	delace		HO 70	1/KC
remo emo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF					^
t by eose ol, ci		underlying cause last.	(c)						
buri buri	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN	IN PART Tra	
or to	CERTIFICATION								
s on	PI S	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING NG CAUSES (
show	Ē		3		In the state of th	YES NO	YES		NO 🗌
physici inficate inficate in 18 sh n 18 sh	/	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	THOUSE A ALL ALCOHUR	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PAR	T I OR PART 2)	
cert cert cert lento	S	(IE EITHER NOTIFY MEDICAL EXAMINE		19					
this the bind will be done	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET EACTORY, C	DEFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
os ti ish o		AT WORK AT WORK				634	-//		
Olo USe Heo Heo		220 L certify that (I) (this hosp		from 91	19 73	10 10 1	. 19		hat (I) (we) last
Sprit eCTC d fo d fo m 21			t view the body after death.		d that in (my) (our) apinion	death occurred on the do	le and hour o		
Dep The		226 SIGN ATURE	La allhu	110	DEGREE ATTENDING	MEDICAL STAF		22c. DATES	IGNED
ERAL Stote ANT:	1	MAN M.	Trovella	n 4/	PHYSICIAN &	DIRECTOR PHYSICI	AN 🗌	17/11	185
toined b		AL BENT A	F. GROLLH	11.10	22e ADDRESS	1/1/1/6 97	× 4	1400	2 11-
TO FUN should b	-	110,10,4				7410	- 7	roun	1-KD,
		Cremation, REMOVAL			EMETERY OR CREMATORY	Washing		OTHITY	STATE
3P		CTEMALIUM	9/14/85	fiee 2	Crematory	wasning	ton, D		A

24 FUNERAL DIRECTOR HIMNES/Rinaldi 11800 News-Hamp. Ave. S.S. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

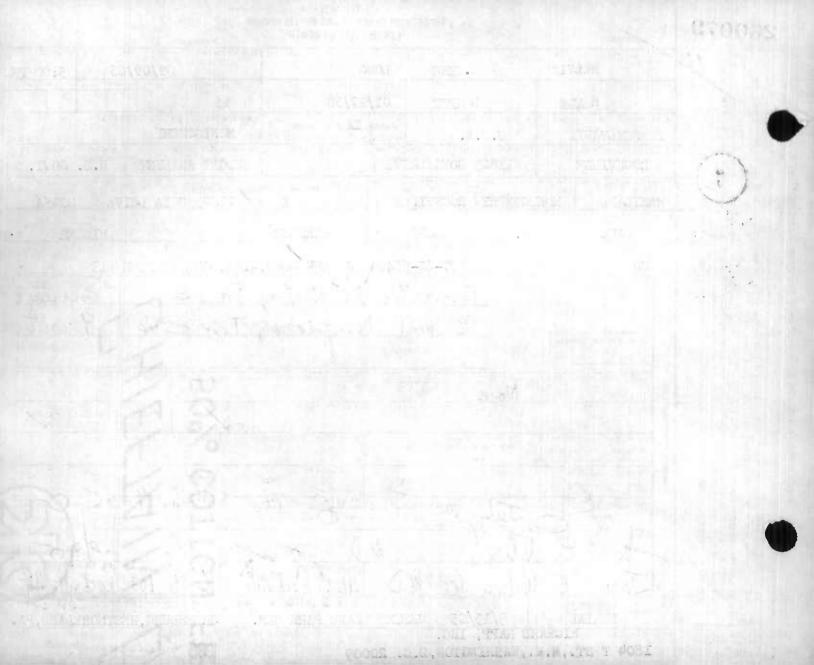


1804 T ST., N.W., WASHINGTON, D.C. 20009

SEP 1 3 1985 Filia Davidson-Randalas

DIVISION OF VITAL RECORDS,

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

				REO. 14			
I DECEASED NAME FIR	51	WIDDLE	LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
Patr	icia	Ann Lou	izes	September	10, 19	85	8:30P
1. SEX	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
Female	White	Jun	19. 1936 EAR	49	YRS.	INTHS DATS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY? 8		9 BALTIMORE CITY O		FDEATH	
COUNTRY	11 60 4		IED X NEVER MARRIED U	Montgomer	v		
Maryland 10. CITY OR TOWN OF DEATH	U.S.A	HOSPITAL, NURSING HOME		120 USUAL OCCUPATI		12h KIND C	MD. OF BUSINESS OR
Takoma Park	(IF NOT IN SU	ch facility, give street address) gton Adventis		Secretary			ing Comp
SUAL RESIDENCE (IF NURSING H							0 - 1
	COUNTY	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?	Office Man		- 0050	20
Maryland	P.G.	Cottage City		3704 37th	. Plac	e 2072	22
FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME		LAS	SŤ
John	н.	Miller	Helen			ermill	
MAS DECEASED EVER IN U	.S. ARMED FORCES?	166 SOCIAL SECURITY NO	17 INFORMANT	ADDRE	SS Addr	ess Sa	ame as
No No	TES GIVE WAR ON DATES	219-32-6167	Mr. George	P. Louizes,	Sr.	No	p# 13.
18 CAUSE OF DEATH (E)	nter anly ane cause pe	er line far.(a), (b), and (c)	1 .		TV T	BETWEEN	MATE INTERVAL
PART I. DEATH WAS C		m. Lasteta	lunela	m-			
IMM	EDIATE CAUSE (a)	7-07 071	700				
Laborator and	DUE TO, O	OR AS A CONSEQUENCE OF	0			100	
Canditians, if any, wh					100	- 14	
gove rise to immedia		OR AS A CONSEQUENCE OF				1 17	
underlying cause lo		on as a consequence of				1	
PART 2, OTHER SIL NIFIC	ANT CONDITIONS	ONTRIBUTING TO DEATH ALL	IT NOT RELATED TO THE TRA	MIM DISEASE OR CON	DITION GIVE	NI INI DART 1	^
- 1	sind	Man	my Lott	DISEASE ON CON	DIFICIA CIAFI	A KAT AKI II	u
190 DATE OF OPERATION	119h CONE	DITION FOR WHICH OPERATI	ON WAS PERFORMED	1200 AUTOPSY?	T20h JE YES	WERE FINDI	NGS LISED
2		7	OTT THO FER ORMED				OF DEATH?
12.0				YES NO	YES		NO 🗌
OR CONTRIBUTING CAUSE	110110 4	DFINJURY I.M. MONTH DAY YEAI	R 21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM TB PAR	1 T OR PART 2)	
(IF EITHER NOTIFY MEDICALE)	OFDEATH	P.M. 19					
(IF EITHER NOTIFY MEDICAL EX		OF INJURY	21f. LOCATION	CITY OR 10		COUNTY	STATE
NOT WHILE	TAT HOME S	TREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITTORIO	WIN	COUNT	STATE
220.1 certify (1) Ithis	_	he deceased from	1 10 13	9100	17	- 66	15-1
saw the lecondati	6/11	19	and that in (my) (aur) opinian	death occurred on the de	ate and how a	and from the	couses stated
27h SIGNATURE	did no view the bod	y after death.	DEGREE				
The s	- 1	1.0 0.0	ATTENDING	MEDICAL STAI	FF	220 DATE	IGNED
0.00	N. M	M	PHYSICIAN [PHYSIC		11/10	15
224 PHYSICIAN'S NAME	1		22e ADDRESS				
DENNIS	, LEWIS	,	831 Univ. B	lvd. E. Sil.	• Spg•	Maryla	Dans

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE 9-14-85 Burial

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION Ft. Lincoln Cemetery Brentwood

P.G.

Maryland

24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

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- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

and that in (my) (aur) apinion death occurred an the date and hour and fram the causes stated 22c DATE SIGNED NAVAL HOSPITAL. NAVAL MEDICAL COMMAND, NATIONAL CAPITAL REGION, BETHESDA, MD 20814 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOF

STATE

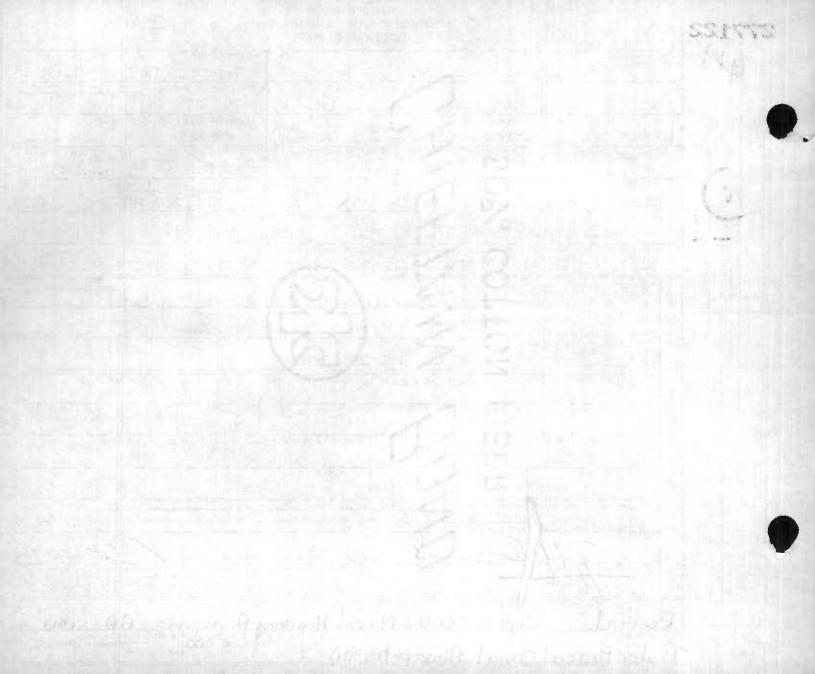
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COUNTY



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AND	MENTAL	HYGIENE	3
OF	DEATH		

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) SE	X		4 RACE		5. DATE OF			6. AGE (IN YEARS LAST BIRT	(DAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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A:	rkansas		United	States	WIDOWED	DIVO		Montgome:	су С	county,	MD.
	ITY OR TOWN OF D			HOSPITAL, NURSIN				170 USUAL OCCUPATIO			OF BUSINESS OR
	ithersbu	_		n Health		e Cente	r	Homemaker		Home	
	AL RESIDENCE (IF NO	136 COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY	LIMITS?	13e STREET ADDRESS /	ZIP COD	DE	
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	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	Hush	oand ADDRES	S		
N		7		429 01	7859	Harry	C. Li	ıll Same	as 1	13e	
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	PART I. DEATH		E CAUSE (o)	Ca	wias	an	ist				
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	gove rise to in		DUE TO O	AS A CONSEQUE	исьбя	./,	1.			F 650	
	underlying cau	se lost.	(e)_	Da	rkin	Sins	dese	ose			
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CERTIFICATION											
N S	19a. DATE OF OPER	ATION	19h COND	ITION FOR WHICH	OPERATION	I WAS PERFORM	ED	20a AUTOPSY?		ES, WERE FIND!	
TIE								YES NOXX	Y	res 🗍	NO 🗌
	OR CONTRIBUTING		216. TIME C		Y YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18	PART I OR PART 2)	
EDICAL	(IF EITHER NOTIFY ME	-	1111	Μ.	19						
EDI	214 INJURY OCCU	IRRED	21e PLACE	OF INJURY	ARM ETC 1	211 LOCATION	31-7	CITY OF TOV	N	COUNTY	STATE
Z	AT WORK AT W	WHILE ORK	TAT TOME ST	att i acioni, orrice, er	Ann Erc J						
- 5%	220.1 certify that	(1) (this hospi	tal) ottended th	e deceased fram_		8	19 85	_, to	7-	19 30	that (I) (we) last
	saw the deced obove, (I) (we)	sed olive on (did) (did no	view the body	olter death.	3.J., one	d that in (my) (au	r) opinion d	eath accurred on the do	e and ha	our and from the	couses stoted
	226. SIGNATURE	1./	11	1.111	0 0	EGREE				22c. DATE	SIGNED
	+	tour	130	14/11		7 (7)	NDING SICIAN	MEDICAL STAF		Sept	. 7,198
	22d PHYSICIAN'S					22e ADDRESS					
	Had	1 Bah	nar, M.	D.		18218 W	iscor	sin Ave.	Ret	hesda	MA

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial, CREMATION, REMOVAL

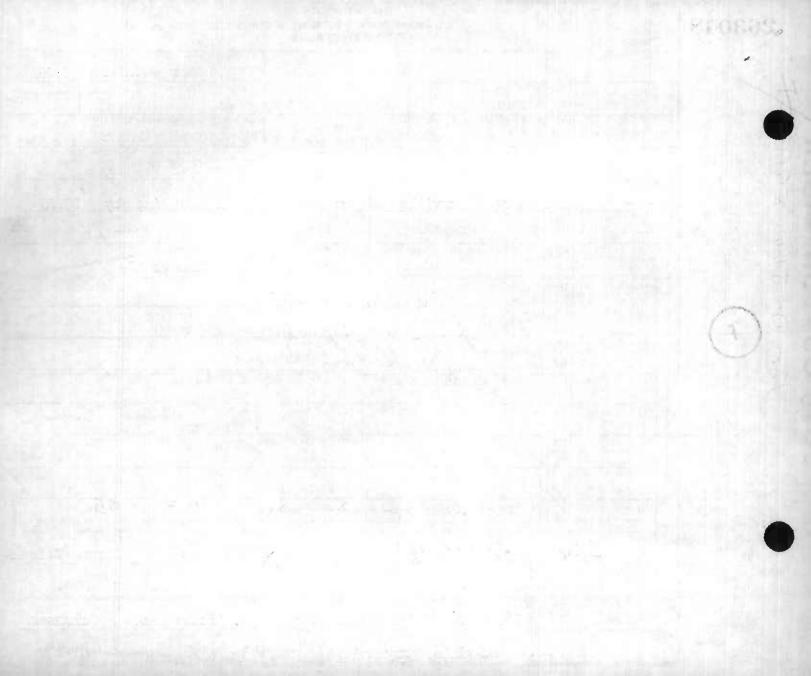
Edgewood Cemetery

N. Little Rock

Arkansas REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

230 BURIAL, CREMATION, REMOVAL 236 DATE Sept. 236 NAME OF CEMETERY CO. 15 BURIAL SEPT. 13, 1985 Edgewood Center of Funeral Director ROBERT A. PUMPHREY FUNERAL MAME HOMES, P.A., Rockville, Maryland

une Daydson-Randale



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO LAST ECEASED NAME FIRST 20 DATE OF DEATH 2b. HOUR THRE OF RENT 6:10 AM Ann unch 4 RACE 1.5EX S. DATE OF BIRTH 6 AGE (IN YEARS LAST BRITHDAY) MONTH YEAR Sep. 13. 1894 Female Caucasian BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY) Wisconsin WIDOWED DIVORCED [MONTGOMERY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR

II CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FERNWOOD HOUSE BETHESDA

136 COUNTY

MONTGOMERY

IMMEDIATE CAUSE

13c CITY OR TOWN

13e.STREET ADDRESS / ZIP CODE 6530 DEMOCRACY BLVD IS: MOTHER'S MAIDEN NAME

TYPE OF WORK FOR MOST OF WORKING LIFE

HOUSEWIFE

4 FATHER'S NAME WILLIAM 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

- STATE

130 STATE

MARYLAND

HARMS 166 SOCIAL SECURITY NO

577-84-4850

BETHESDA

UNKNOWN 17. INFORMANT /DAUGHTER THERESE /BUTLER

ADDRESS 9516 CABLE DRIVE KENSINGTON.MD. 20895

GRAEPLER

INDUSTRY

Conditions, if ony, which gove rise to immediate (o), stoting the underlying couse

DUE TO, OR AS A CONSEQUENCE OF

THE HOW INJURY OCCURRED | LINES THAT HE OF THE REST OF THE THAT I CAN THAT I'M

ENDING MEDICAL

18 CAUSE OF DEATH (Enter only one couse pop PART I. DEATH WAS CAUSED BY:

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 16. CONDITION FOR WHISH OPERATION WAS PERFORMED

20x AUTOPSY 70h. IF YES, WERE FINDINGS USED VES ITT

IN CERTIFYING CAUSES OF DEATHS

THOUGHT IN THE PARTY IN THE PAR

734 BURIAL PREMATION: REMOVAL

THE ACCIDENT WAS UNDERLYING

OF CONTRIBUTING TO CAUSE OF CEACH

I P ETHER HOTEY MEDICAL EXAMINER 21d INJURY OCCURRED

TIE PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC I

HOUR A.M. MONTH DAY YEAR

21b. TIME OF INJURY

TH LOCATION 128603

COUNTY CITY DRJOWN

BLAM

170.1 certify that it (ting terminal) attended 776/SHIGHATOR

ABLAINE FITZGERALD. (M.D

8212 WISCONSIN AVE. BETHESDA, MD.

common death occurred andhe state and hour and from the course stated

DHMH - 16 60M 7/B4 (VRA 15, 4)

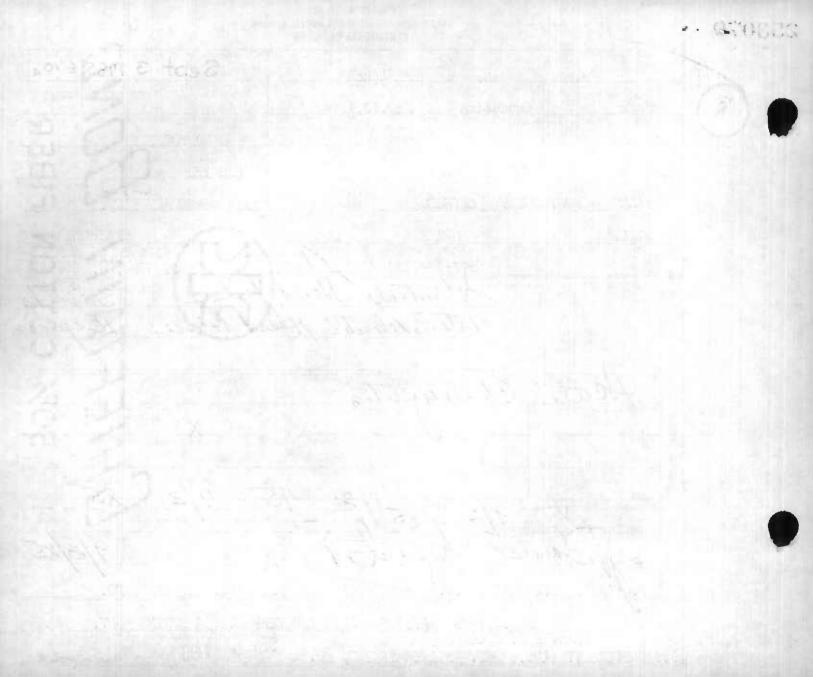
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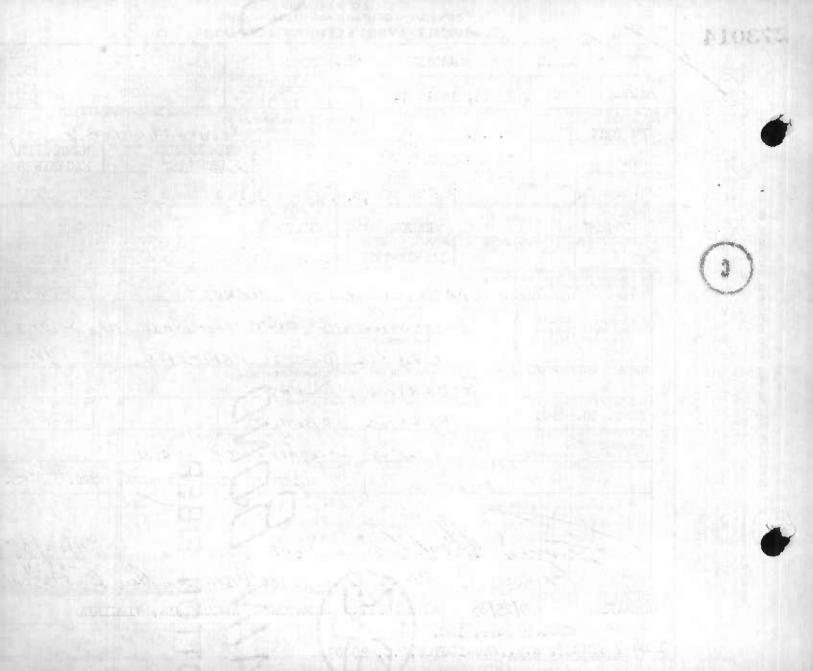
GATE OF HEAVEN CEMETERY SILVER SPRING MONT. SEP.6.1985 24 FUNERAL DIRECTOR FRANCIS J. COLLINS

500 UNIVERSITY BLVD. WEST SILVER SPRING.

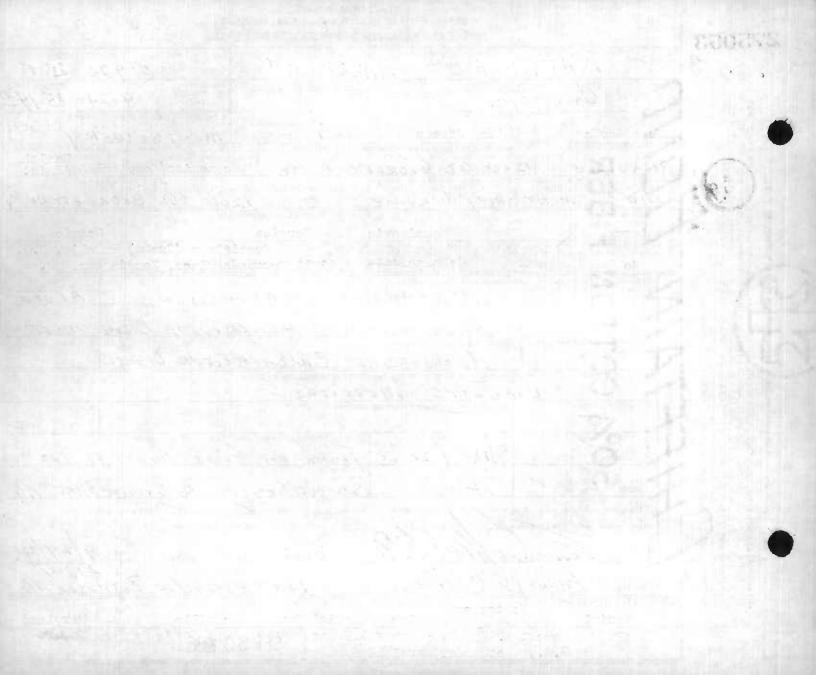
250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 273014 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN X MONTH (THE OLDERS) CAROL KALISH SEPT 22 MACGUINEAS DEATH MATED 1085 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED FEMALE WHITE 1941 14, 44 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED T NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED NEW YORK MONTGOMER 4 IO. CITY OR TOWN OF DEATH THE CLINICAL CENTER, NIH BETHESDA JOURNALIST MAGAZINES UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 13b COUNTY 3602 ORDWAY STREET, NW 20016 D. C. YES X NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE KALISH JOSEPH MARIE GALPERN 17. INFORMANT (MOTHER) 14a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 156 WEST 106th STREET 118-32-1697 MRS. MARIE KALISH NEW YORK, NY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIO PULMONIAR LY ARREST DAYC DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which LEFT INNOMINATE VERN LACERATION gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last TO PADIATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 2D AUTOPSY? SEPT. 20, 1985 HODEKING YES X7 NO [] B 21a EXTERNAL CAUSE WAS UNDERLYING LACERATION CONTRIBUTING TI CAUSE OF DEATH 9000 ROCKVILLE PIKE, BETHESDA, MONT. WHILE AT WORK HOSPITAL The Ecertify that I took charge of the remains described above, held aff Autopsy Inspection Inquiry and in my opinian Homicide Undetermined monner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME 200 WISCOWSIN (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL CREMATION ALEXANDRIA, VIRGINIA METROPOLITAN CREMATORY 24 FUNERAL DIRECTOR RICHARD RAPP. INC. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HMH . 17 1804 T STREET, N.W., WASHINGTON, D.C. 20009 (VR A15 ME (5))



0			FOR STATE	610 12/4	1/85 kam	EPARTMENT C	F HEALTH	ARYLAND AND MENTAL	HYGENES	2 6	2	5 5
7 2	75053	1 50	REGISTRAR CEASED NAME	FIRST	MEL	MIDDLE	INEK 2 C	EKTIFICATE	JF DEATH	REG. NO.		
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1	ASE SES AS			Katar		(NMI)		csimovic		MATED 🗹	9 20	19 2
	RRY, PLEASE DIRECTOR. OUR FILES 172 HOURS ON STREET,	Fer Fer	nale	CAUC	Sept. 20		HDAY) ANONITH	DER TYR. IF UNDE	MIN PRONOU	NCED /	7 24	1985 14-
0	EESSA MERAL FOR Y	FC	RTHPLACE (STA BEIGN COUNTRY) Zugoslav		United		8. MARRIE	T	RIED U	AUT GO 1	OUNTY OF	County
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ALTIM	AFTER HIVE PA H FOR AGES HISION	160 \	ES, NO, OR UNKNOW	EVER IN U.S. AR/ N) (# YES, GIVE	WAR OR DATES)	108-50-6	5142		Svetislava Conada Pla			elja, M.D.
	N W G	1	18 CAUSE OF	DEATH (Enter an	ly ane couse per line l	far (a), (b), and (c).)						APPROXIMATE INTERVAL
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20	DE AND	ATION	19a. DATE OF C	PERATION		ON FOR WHICH OF	PERATION WA	AS PERFORMED?			120	AUTOPSY?
TAI	호마를 함께 보고 있다.	12	-									
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DIVISION OF	SHOULD SHOULD BE	MEDICAL	CONTRIBUTING	CUPPED	2 PLACE O			UND ON	FLOOR	Nox7	- 70	Bet
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V	ML EXA HE CERT HOULD TH, WITH, WITH, WITH,		ACTUAL SIGNATURE	Aller	Le Mi	il Me	X W	DEPT	MEDICAL EXAM	AINER S	ATE S	9/24/95
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, ' BALTIMORE, M	1	EXAMINER'S N		acc for	MA	5	be co			2	-0514
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07/84		(:	Buri	al	27, 1985	Parklaw	n Memor	rial Park	23d LOCATION CITY OF TOWN Rockvil	.le	COUNTY	Mary land
25M	DHMH - 17	24 F	NAME	or Robe	ert A. Pum	phrey Fun	eral Ho	omes, 250. DATE	REC'D BY REGISTRA	AR 2510 REGISTRA	R'S SIGNA	Achdelle
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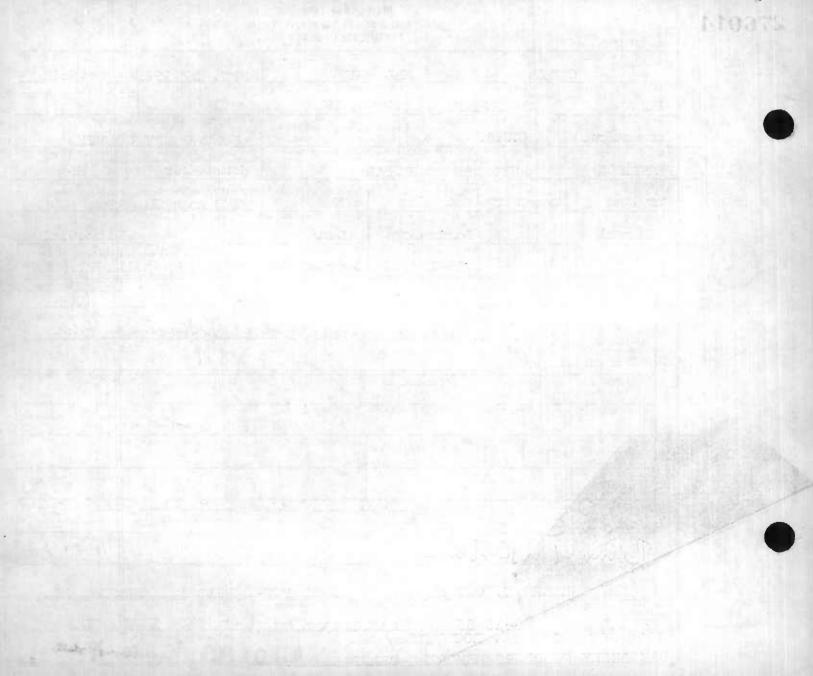
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE OF DEATH 2b HOUR TYPE OR PRINTS CELIA MALASKY SEPT 1985 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX May 4, 1912 FEMALE 73 CAUCASTAN BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN MARRIED NEVER MARRIED Connecticut U.S.A. DIVORCED [] WIDOWED MONTGOMERY COUNTY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETHESDA Homemaker Home SUBURBAN HOSPITAL ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) (20852)Rockville 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? Maryland Montgomery 10500 Rockville Pike, #1004 YES X NOF 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Lisensky Ditkovich Israel Lena 16b SOCIAL SECURITY NO 17 INFORMANT Rockville, Md. 20852 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) Maurice Malasky; 10500 Rockville Pk., #1004 215-82-2323 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTA YES | 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDIC AL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased fram saw the deceased give an obove. (1) (we) (did) (did not) liew the bady after death. and that in (my) (our) opinion death accurred on the date and hour and from the cause's stated DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME LYPE OF PRINT 22e ADDRESS DR. BERNARD H. OSTROW 5225 POOKS HILLRD BETHESDA 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY STATE BURIAL. 9-29-85 OXON B'NAI ISRAEL 24 1/1870 PROCKVILLE PK. ROCKVILLE, MD. REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DANZANSKY-GOLDBERG MEMORIAL CHAPFLS

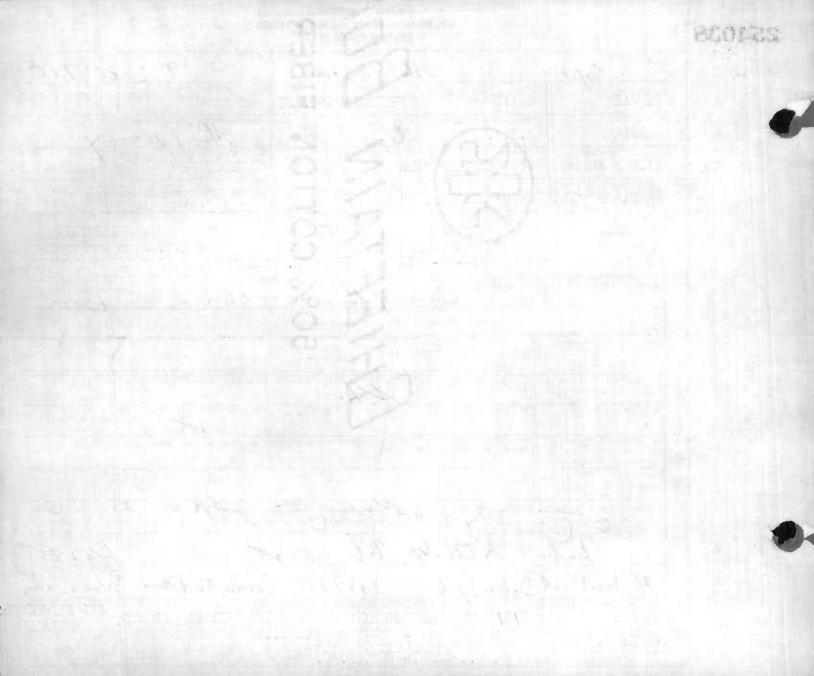
DHMH - 16 60M 7/84 (VRA 15, 4)

should be detactive the State Dimportant: If



232 CARROLL STREET. N. W., WASHINGTON, D. C.

(VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed with retained by the haspital or ottending physician.

BP. DHMH - 16

	1-	FOR STATE REGISTRAR	30	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	2 6	2	5 8
1		CEASED NAME FIRST John		Harry		Mandis	20 DATE OF DEATH September	MONTH DAY	L985	2b. HOUR 4:45
10	3 SEX	Male	4. RACE Whit	:e	S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
47	7a BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED S	Montgome	COUNTY OF	DEATH	MI
200		ockville		OSPITAL, NURSIN		DR OTHER INSTITUTION	Restaura			Emplo
36		AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN M. M	ont.	S.S.	e admission) /N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /		ive	0909
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n 21 is		obove, (I) (we) (did) (did no	The trice of the							
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with the State Dept of Hee IMPORTANT: If them 21 is r	22.		Wechs]		Per	2 ATTENDING	DIRECTOR PHYSIC	IAN 🗌	9/1	4/85

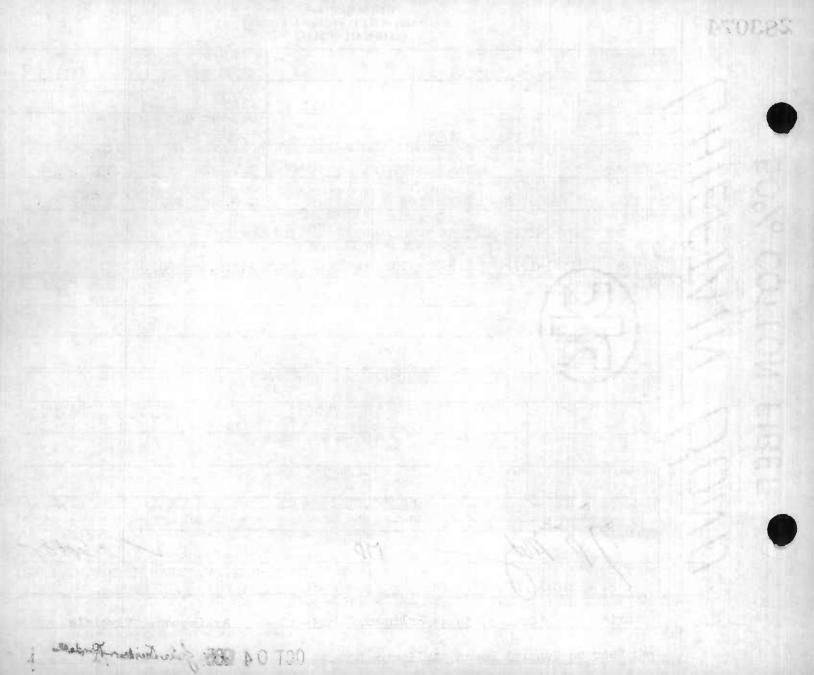
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	'	REGISTRAR ALI	red C. Marselas	CERTIFICATE OF DEATH	REG. NO).
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moy pog	3 SE	ale	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
rs offi			White	Nov 22 DAY 1918	66	YRS YRS
Po Hou		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED .	9 BALTIMORE CITY OF	R COUNTY OF DEATH
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b) the full of the		ity or town of death Hhersburg,	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION ET ADDRESS) ACCUPANTS THE HOSE	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
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BALTIMORE,			MED FORCES? 166 SOCIAL SEC	curity no. 17 informant 8-2126 COYO Gree	ADDRE ADDRE	toint of Pars
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TIEN Dirol TOR of He		sow the deceased alive or			death occurred on the do	ite and hour and from the causes stated
OR ATTI		226. SIGNATURE	or view the body offer deoth.	DEGREE		274. DATE SIGNED
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76 1 2 2 2		BURIAL, CREMATION, REMOVAL	1 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		Burial	9/9/85 1	4+. Harmony	Owing	5 Calvert MD
DHMH - 16 50M 4/B3		UNERAL DIRECTOR	ADDRESS	1250 DAT	REC'D. BY REGISTRAR	25b REGISTRAR'S SIGNATURE

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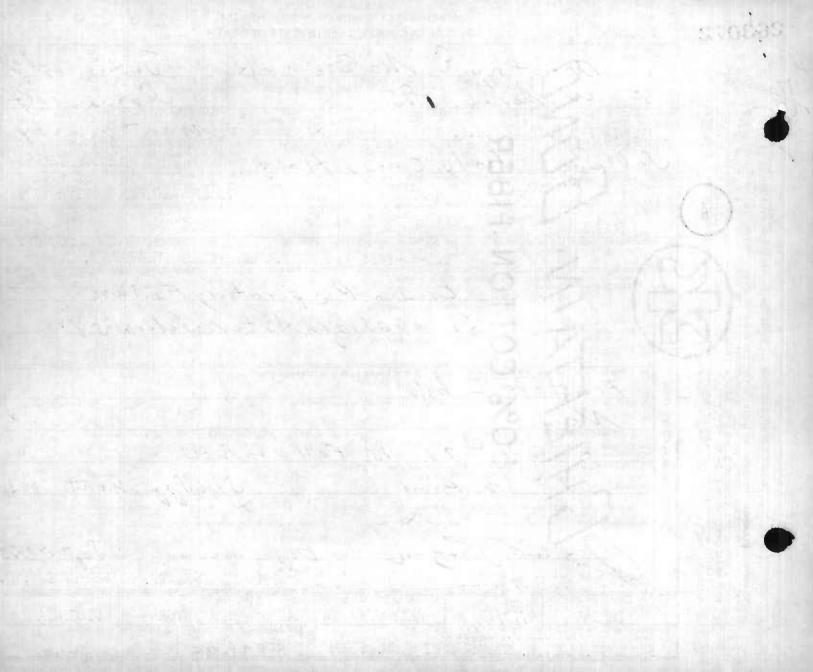


DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 254082 REGISTRAR DECEASED NAME 20. DATE KNOWN 12 MCADAMS LTYPE OF PRINTS DEATH MATED 6 AGE (IN YEARS DATE LAST BIRTHDAY) PRONOUNCED MARRIED NEVER MARRIED TENNESSEE U.S.A. DIVORCED WIDOWED M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION EMPLOYED 134 INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST P9025 unknown UNKNOWN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS [YES, NO, OR UNKNOWN] (IF YES, GIVE WAR OR DATES) 336-03-8589 REBECCA McADAMS, WIFE, SAME AS ITEM #13 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO D 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I taak charge of the remains described above, held an Inspection D Autopsy Inquiry and in my apinian Natural causes death resulted fram: Hamicide [Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATUR NER'S NAME JOHN S. ROGERS, M.D. ADDRESS 1919 SEMINARY RD. SILVER SPRING OR PRINT 23d LOCATION 23r NAME OF CEMETERY OR CREMATORY STATE CREMATION 9/7/85 METROPOLITAN CREMATORY ALEXANDRIA. 07/B4 25M 24 FUNERAL DIRECTOR RICHARD RAPP, INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 1804 T SR., N.W., WASHINGTON, D.C. 20009 (VR A15 ME (5))

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH 25 HOUR TYPE OR PRINT (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH FEMALE CAUCASTAN 1923 IN BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PENNSYLVANTA 12b. KIND OF BUSINESS OR INDUSTRY AFL-CTO HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE STIVER SPRING 3449 CHISWICK COURT 20906 MARVIAND 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE TREBER ELEANOR 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADD 990 SINGERLY ROAD SON LIE YES GIVE WAR OR DATEST ELKTON MD. 21921 MCANDREW 216-18-1438 JOHN J APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY 17 Hours Canditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last. TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH CKING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED TIE PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE AT WORK 22a I certify that (1) this hospital) attended the deceased from (aur) apinion death occurred on the date and hour and from the causes stated did idid not view the edge after death 22c DATE SIGNED DEGREE MEDICAL ATTENDING STAFF PHYSICIAN & DIRECTOR | PHYSICIAN MPORTAN ST. SILVER SPRING 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL BURTAL ARLINGTON ARLINGTON NATIONAL VIRGINT'A 9/24/85 24 FUNERAL DIRECTOR FRANCIS J. COLLINS DHMH - 16 60M 7/84 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 (VRA 15, 4)

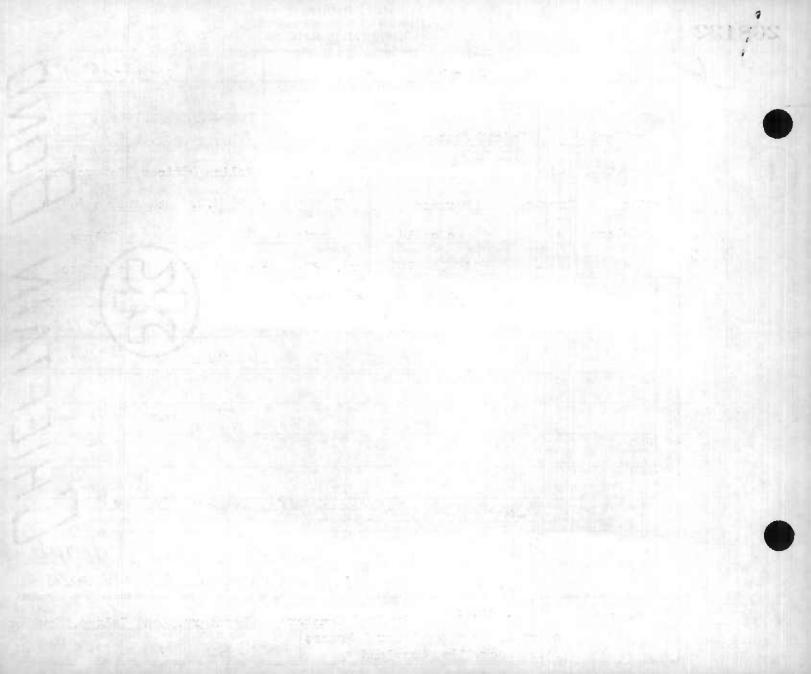
		STATE OF MARYLAND
26	3072	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE, STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR
اب	0072	REGISTRAR REG. NO. 1. DECEASED NAME FIRST REG. NO.
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l	SSAT NA YOUNG	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OF COUNTY OF DEATH
	NECESSARY, TEXT UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN TO HOURS.	WASHINGTON, D.C. U.S.A. WIDOWED DIVORCED [Mondog mery
/	五年 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	18 CHY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORD 12b. KIND OF BUSINESS OR INDUSTRY)
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21201	E SE	USUAL RESIDENCE (HOME OR OTHER INSTITUTION, GRY MESIDENCE BEFORE ADMISSION) IN STATE COUNTY 136. CITY OR TOWN 136 LITY LIMITS? MARYLAND MONTGOMERY WHEATON YES XX NO [] 12827 VALLEYWOOD DRIVE 2090 (
D. 2	1-1-1	MARYLAND MONTGOMERY WHEATON YES XX NO 12827 VALLEYWOOD DRIVE 2090
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BALTIMORE	F 2 2 2 3 3	NO (IF YES, GIVE WAR OR DATES) 220-44-7484 JACK E. MCCORMICK WHEATON, MD. 20902
ST., B	WIT PA	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:
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	EXAM CERTIF UILD BI DIREC	TITLE (SPECIFY)
	ITHE CER SHOULD BRAL DIR EATH, WILL ORE, MARE	SIGNATURE M.D. Dep MEDICAL EXAMINER SIGNED of B 14518
	0 E 4 20 5	ADDRESS 1919 SEMINARY RD., SILVER SPRING, M
	EXECUTOR PAGE TO FU	230 BURIAL CREMATION REMOVAL 236 DATE 230 NAME OF CEMETERY OR CREMATORY 234 LOCATION
07/84	BP	BURIAL 9/18/85 ARLINGTON NATIONAL ARLINGTON VIRGINIA
25M	DHMH - 17	24 FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
	(VR A15 ME (5))	500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 SFP 1 6 1985 Julia Davidson Rando 10



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH MONTH Robert Joseph McDonald 4 RACE 5. DATE OF BIRTH 3. SEX AGE LIN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH Male 1906 Caucasian March 26. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED New York United States mont comer WIDOWED DIVORCED [CITY OR TOWN OF DEATH OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY Law F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Police Officer Suburban Hospital Enforcement LAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 130 STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 2033 N.W. 68th Avenue lorida Broward Margate FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Robert McDonald Maria Gilroy 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 119-32-9789 No Mrs. Ellen McDonald, Wife, Same as item #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10: DUE TO, OR AS A CONSEQUENCE OF ~ 12 HOUR MIDI Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF commen aten deseaso UNKNOWA underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE FARM ETC) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death of the date and hour and fram the couses stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 226 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITY E OR PRINT 5480 WISUMIN OU Ches chee MD (UVIRUS MI) 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial Holy Rood Cemetery Westbury, Long Island, New York 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIONATURE Robert A. Pumphrey Funeral Homes. DHMH - 16 60M 7/84 the view dison-Mane Rockville, Maryland (VRA 15, 4)



FOR

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DEPARTMENT	TOF	HE	ALTH	AND	MENTAL

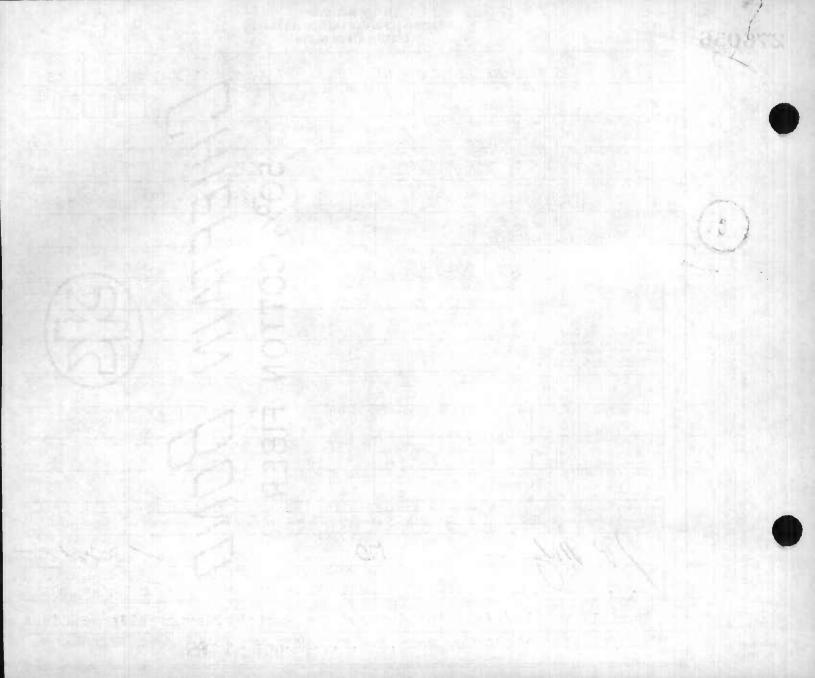
HYGIENES 5

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1/2		RTHPLACE (STATE OR FI	OREIGN		STATES	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CI	1.74	Y OF DEATH	M	
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36	USUA 13a S MAI	AL RESIDENCE HE NURSI STATE RYLAND		OTHER INSTITUTION OTY GOMERY	13t. CITY OR TOWN	SPRIN	136 INSIDE CITY LIMITS? YES NO A	13405 L	OCKSLEY	LANE	20904	
(16)			E A. 1	MCDOWEL]				BOWERS		LAS	1	
		VAS DECEASED EVER (ES, NO OR UNKNOWN)	(IF YES GIV	MED FORCES? 6-1982	308-30-		NANCIE MCDOW SILVER SPR	ELL,13405		EY LANE		
greed by the attending in place remove cultion the fact of cremation, or remove, or other troumptic ex-		Canditions, if any, gave rise to imm cause (a), stating underlying cause	which nediate g the last.	DUE TO, O	RESPIRATE RAS A CONSEQUE RAS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	IINAL DISEASE OR	CONDITION GIV	VEN IN PART 110	1	
to be been a property of the p	IFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES	NGS USED OF DEATH?	
g physics entitlest spironist mist hygin hem 18 sh	CAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	HOUR A.	DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR					
otherdin the this on the burner of the double of the double of the double of the doubl	MEDI	216 INJURY OCCURR	K	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE	
hospital or precifical Al head for user expt. of Health from 21 is ma		22a.1 certify that (1) saw the decease abave, (1) (we) (d 22b. SIG	(this haspi d alive an id) (did no	tal) attended the SEPTEM to view the bady	RER 30 19 after death	SEPTE 85	MBER 16, 19 85 and that in (my) (aur) apinian DEGREE	death accurred an		22c DATE	SIGNED	
od by the UNERAL D He State D SETANT. II.		234 MYSICIANS NA	V. 201	/	10 HCM		22e ADDRESS NAVAL		, NAVAL		L COMMA	
54 54 M	23a B	J. P. ME		23b DATE		NAME OF C	NATIONAL CAP	1TAL REGI		ESDA, M	20814	

DHMH - 16 60M 7/84 (VRA 15, 4)

10/4/85 Burial Lindenwood Cemetery Ft. Wayne Hines/Rinaldi 11800 New Hamp. Ave. S.S. Ma Date REC'D. BY REGISTRAN 256 FORST 1985

Allen Indiana



	STATE OF MARYLAND	01070
OWNA DC	POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	KEVIN E. MCGLOTHIN
277136	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEAT	REG. NO.
16	DECEASED NAME FIRST MIDDLE LAST 20	OF ESTI-
20000	Kenn Earl Mc Blothin	DEATH MATED PORT 3 A 18 PAOR
ラ 民主会員	4 RACE S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24 HRS. 24 HRS. 24 HRS. 25 HRS. 26 HRS. 27 HRS	
SECT N	7/ INI MONINS DATS HOURS MIN IT	RONOUNCED CA+34 PH
SAN SE	TA CITIZEN OF WILLT COUNTY OF	BALTIMORE CITY OF COUNTY OF DEATH
日母节自然十	FOREIGN COUNTRY) MARRIED NEVER MARRIED NEVER MARRIED NOT MARRIED NEVER MARRIED N	1
第四の 0 mm 4		LOCCUPATION (TYPE O CORK 1726 KIND OF BUSINESS
24258	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MC	ST OF WORKING LIFE) OR INDUSTRY
30° #8 1	12 K 12V (Nash, Advert Horp 5	TUDENT
夏/ 李日本日の	13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREE	T ADDRESS
司 33年900人	Ma Ryta ce Scouser Alalphi YESO NO 12	12 Evznedsle DV
9 200	MIDDLE LAST IS MOTHER'S MAIDEN NAME	MIDDLE (ASY
# 58532W	U CALVIN FARL MEGLOTHIN SHERRIE	RHWE
O CONTRACTOR	160, WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 117. INFORMANT	ADDRESS
E E E E E E E E E E E E E E E E E E E		FLOTHIN, ZOOY EVERSBALE DE
105450	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
MAN SAN SAN SAN SAN SAN SAN SAN SAN SAN S	PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
SERVING SERVIN	IMMEDIATE CAUSE (0) Lectro cuto lon	
MAN AND WAR	Conditions, if ony, which	
E SERVE	gave rise to immediate (b)	
A SERVICE A SERV	couse (a) stating the <u>under-</u> lying couse last. DUE TO, OR AS A CONSEQUENCE OF	
ON PROPERTY.	(c)	
A SEE SEE	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
#2005E	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	
SHAN SHAN	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
古名主記な多	More	YES NO NO
A WEN	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NA	
OF SEE	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	211 1 1 1 201
SE SE SE SE SE SE SE SE SE SE SE SE SE S	CONTRIBUTING CAUSE OF DEATH A 230 1907 14 DO 100 100 100 100 100 100 100 100 100 10	relate weter bore
A CENTRAL	STREET FACTORY, FARM ETC.) STREET AT WORK STREET AT WORK STREET AT WORK	CITY OR TOWN COUNTY STATE
PAN WAN		- phylvinced beorges Mis
A SHE	270 Certify that I took charge of the remains described above, held on Autopsy . Inspection	Inquiry , and in my apinion
PHETOTE THE	death resulted from: Natural causes, Accident 🔀 Suicide, Hamicide Undeteri	mined manner ,
AR WILLIAM	TITLE (SPECIFY)	
THOUSE.	ACTUAL SIGNATURE M.D. Dea MEDIC	ALEXAMINER SIGNED 361980
SET SET SE		
SECURITION OF STATE O	EXAMINER SAME (TYPE OR PRINT)ADDRESS	
524 57 F -	736 BURIAL CREMATION REMOVAL 1736 DATE 2 2 1930 HAME OF CEMETERY OR CREMATORY 1736 LOC	ATION
00	Burial, CREMATION, REMOVAL 130 BATE. 3, 1935 TAME OF CEMETERY OR CREMATORY Bur	tonsville, Montg. Co. N
BP	1250. DATE REC'D. BY R	
DHMH - 17	Takoma Funeral Home Inc.	
(VR A15 ME (5))	12 Jellers, 254 Carroll St. N. W. D. OGT 2	100C Cal F

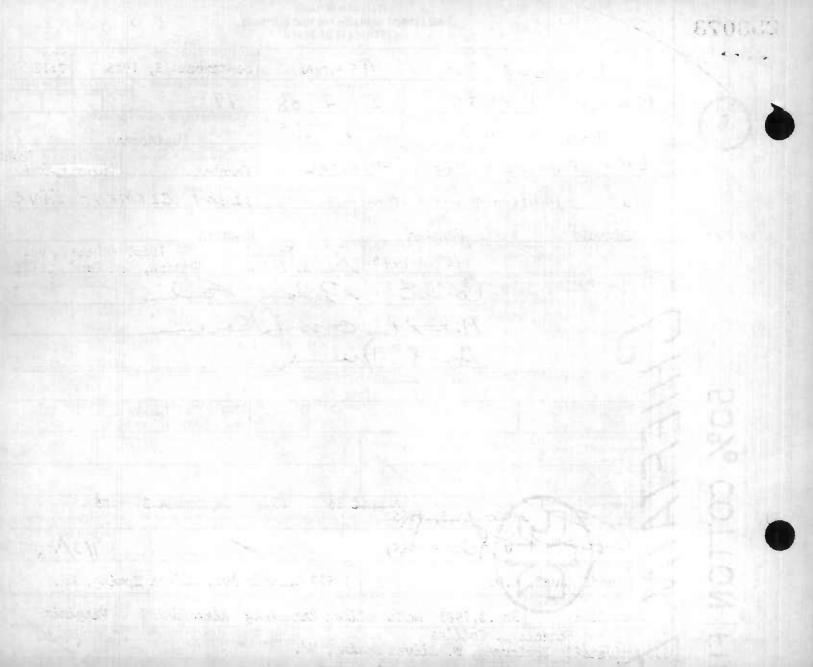
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 280041 REG. NO LAST 2n DATE OF DEATH DECEASED NAME TYPE OR PRINTS Katherine Mc Neil 9/25/85 2:50AM 4. RACE 5 DATE OF BIRTH A. AGE TIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR 3 SEX MONTH DAYS MOUR5 tides Lemale 6. 1911 Oct. YRS **BALTIMORE CITY OR COUNTY OF DEATH** a. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED Washington, DC United States Montgomery County WIDOWEDXT 126 KIND OF BUSINESS OR INDUSTRY U.S. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION LIYPE OF WORK FOR MOST OF WORKING LIFE Bethesda Accountant Suburban Hospital Government USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13e.STREET ADDRESS / ZIP CODE Maryland Bethesda Montgomery 4900 Battery Lane/20814 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Ellen Thomas Cornette Burke ADDRESS 1500 Reader Road 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Barbara L. Reynolds Anchorage, Alaska (IF YES, GIVE WAR OR DATES) 579-48-4336 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Cordio Respirator IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Ralmonary C Hrowie Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF DE Se a See cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? burial-transit per Mental Hygiene NO NO [21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE Suma 220 I certify that (I) (this located) attended the deceased from_ SERT 10 saw the deceased alive an_ and that in (my) approximate death accurred on the date and hour and from the couses stated above, (1) (west (did) (dust of) view the body after death 22b. SIGNATURE DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 22e ADDRESS 27d. PHYSICIAN'S NAME LTYPE OF PRINT 8218 WISCONSIN AUR John 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL Alexandria, Virginia Cremation Metropolitan Crem. 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 ... Davidson-Randoll Homes, P.A. Bethesda, Maryland 20814 (VRA 15, 4)

15 (12)

mada: 7 GOVE SI . June 8 .1 2000001 e Line L Chap solin Stor offly non e 1 in error in office of transplant and weller Entvol. owell anoth acome broken along 3 (05-00-12 111-1 Street Turkewilz ... who aldr. .. who all wearn't Trent

(VRA 15, 4)

253073	1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIN 5 2.	6 2 7	
no not		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT		26. HOUR
death		ESTELL	JE A	MEGINN	September 3		7:12 M
7	3. SE.	FEMALE.	WHITE	5. DATE OF BIRTH MONTH DAY YEAR O 8	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Pod tiens	70. BI	RTHPLACE (STATE OR FOREIGN 76 OUNTRY) NEW YORK	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MORCED	9. BALTIMORE CITY OR CO	OOMO HU	MD
oy the or			NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET HOLY CROSS	IG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Toachen	KING LIFE) INDUSTRY	West Pour
(ND 2120		TATE , 136 COUNT	HER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 136. INSIDE CITY LIMITS?	13e STREET ADDRESS		20902
MARYLA ed within mpletely	14. FA	THER'S NAME	odle LAST Hansler	15 MOTHER'S MAIDEN NA	Unknown.	LAS	
IMORE, In and commedical	- (VAS DECEASED EVER IN U.S. ARMI VES, NO OR UNKNOWN) (IF YES, GIVE V	D FORCES? 166 SOCIAL SECU	FALO.	nd ADDRES 10	1857 Amher Marylan	st Ave. d 20902
GDS, 201 W. PRESTON ST., Equires that the death certifical signed by the attending phy hen please remave carban poto burial, cremation, ar remaviny, ar ather traumatic eventing.	NO	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A EDNSEOU (b) DUE TO, OR AS A EDNSEOU	ENCE OF STATE BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART 11	0
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir outending physician. Wher this certificate beam being on sign as the buriol-transit permit. There is and Mental Hygiene prior to be orked as them. Is shows any injury	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDIT CERTIFYING CAUSES YES	
OF VITA G Physici g Physici entificate ital-transi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)	
IVISION Of PHYS of PHY	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY 1AT HOME STREET, FACTORY, OFFICE, F	ARM ETC) 211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
At OR ATTENDI the haspital or the haspital or betached for use are Dept, of Heal		220.1 certify that (1) Whit based the the defended division on above 11 was that clied not) 22b. SISNATURE	ottended the deceased from september 3 19	DEGREE ATTENDING	. to September death occurred on the date of	nd hour and from the	
TO HOSPITAL etained by the TO FUNERAL should be det with the State With the State MAPORTANT:		Ronadl Koval,	М. D.		ia Ave. Silver	Spring,	Md.
BP		Cremation	Sep. 3, 1985 Me	NAME OF CEMETERY OR CREMATORY tropolitan Cremato			iniastate
DHMH - 16 50M 4/82 (VRA 15, 4)	50	UNERAL DIRECTOR Franci O University Bou	s J. Collins Levard, W. Silv	er Spring, Md. 2552	DREE'D. BY REGISTRAR 256 F	EGISTRARIS SIGNA	Hell



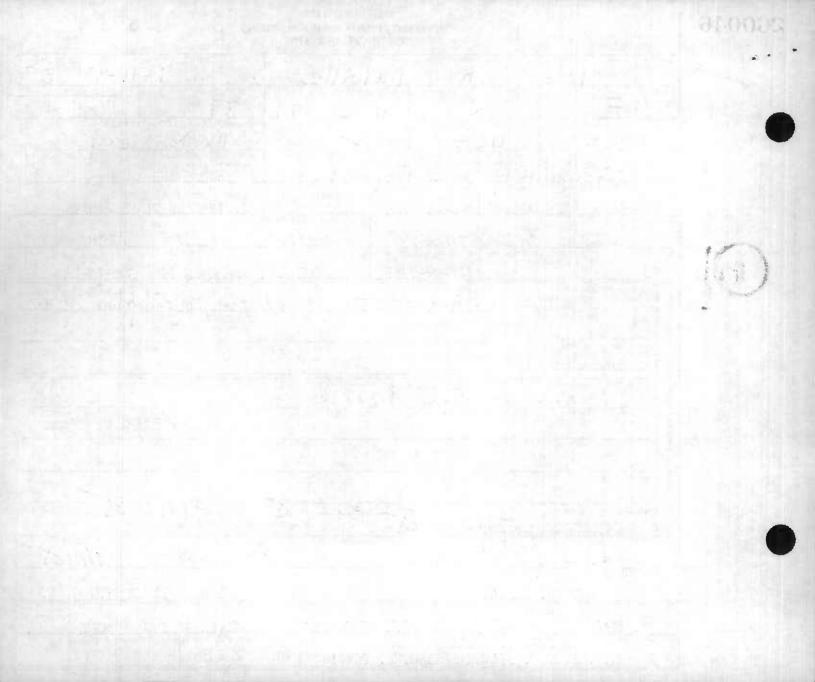
260046	1-	FOR STATE REGISTRAR	t	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENS 5 2	6275
1 31 6		ASED NAME FIRST ROSE	WIDDLE	Me	luille	20 DATE OF DEATH MONTH	- 11 -85 26 HOUR A
ge 4 mg	1.56	F	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER I YEAR IF UNDER 24 HRS
fungral di		CHAPLACE (STATE OR FOREIGN	USA 11. NAME OF HOSPITAL	MARRIE		12a USUAL OCCUPATION	METY MD.
1108	Si	LESIDENCE IN NURSING HOM OF	(IF NOT IN SUCH FACILITY, OF THE RESIDE	NCE BEFORE ADMISSION	ital	HOUSEWIFE	
1135				VSINGTON	13d. INSIDE CITY LIMITS? YEXX NO 15 MOTHER'S MAIDEN NA	13e.STREET ADDRESS / ZIP CO	
150	16n V	MICHAEL (AS DECEASED EVER IN U.S. AF	JAMES A	ACCOY TAL SECURITY NO.	NELLIE 17 INFORMANT	MCCOY ADDRESS	TOBIN
(4)/		(#FYES, GI	VE WAR OR DATES) 017-	-09-2463	GEORGE MAN	NY SAME AS 13	SON-IN-LAW D APPROXIMATE INTERVAL APPROXIMATE AND DEATH
that the death certifical by the attending plot one remove carbonial of central of central carbonial central traumotic query		PART I. DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	DINSEQUENCE OF	stic hearts	desease Congesto	upline years.
in low requires. Not been signed permit. Then pil nee prior to burn in way only or burn.	CERTIFICATION	PART 2 OTHER SIGNIFICANT CIRCLE 19a DATE OF OPERATION	CONDITIONS CONTRIBUTION FOR	w des	ease		GIVEN IN PART 11a YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO NO
O PHYSICIAN 11 Threading physicials or this centricule the burief-transfer and Meetal Hype	MEDICAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	HOUR A.M. MOI	19 Y	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM	
OR ATTENDING TO BE A MANAGEMENT OF THE ADDRESS OF T	The Action	22a I certify that (I) (this hasp saw the deceased alive ar abave, (I) (we) (did) (did no 22b. SIGNATUE.	9/10	th. 19 , ar	nd that (my) (aur) apinian DEGREE ATTENDING	death accurred on the date and the	, 19 , that (I) (we) last nour and Iram the causes stated
O HOSPIFAL Housed by M O FUNERAL Hould be detailed with the Store		224 PHYSICIAN'S NAME DAVID B.	KESSLER		22e ADDRESS 10620 GEORG	DIRECTOR DHYSICIAN D	YER SPRING, MD.
RD RD		URIAL, CREMATION, REMOVAL SPECIFY) RIPTAI	23b. DATE Q/11/85		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN CTILIED CONTING	COUNTY STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

74 FUNERAL DIRECTOR FRANCIS J. COLLINS.
500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE SEP 1 3 1985



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - 57AIR REG. NO 20 DATE KNOWN (THIS OF PENEL) OF ESTI-DEATH MATED 3 SEX 4. RACE IF UNDER 24 HRS DATE AST BIRTHDAY) MONTHS PRONOUNCED DEAD Ja BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR MARRIED NEVER MARRIED WIDOWED 1_ DIVORCED O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY 0000 MARSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE MIDOLE FIRST LAWRENCE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210 PLACE OF INJURY (AT HOME, 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK Inspection 22a I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide _ Undetermined monner TITLE (SPECIFY) ACTUAL SIGNADURE MEDICAL EXAMINER ADDRESS 07/B4 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** cha Davideon Rangles (VR A15 ME (5))

277074

STATE OF MARYLAND

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 212

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

26271

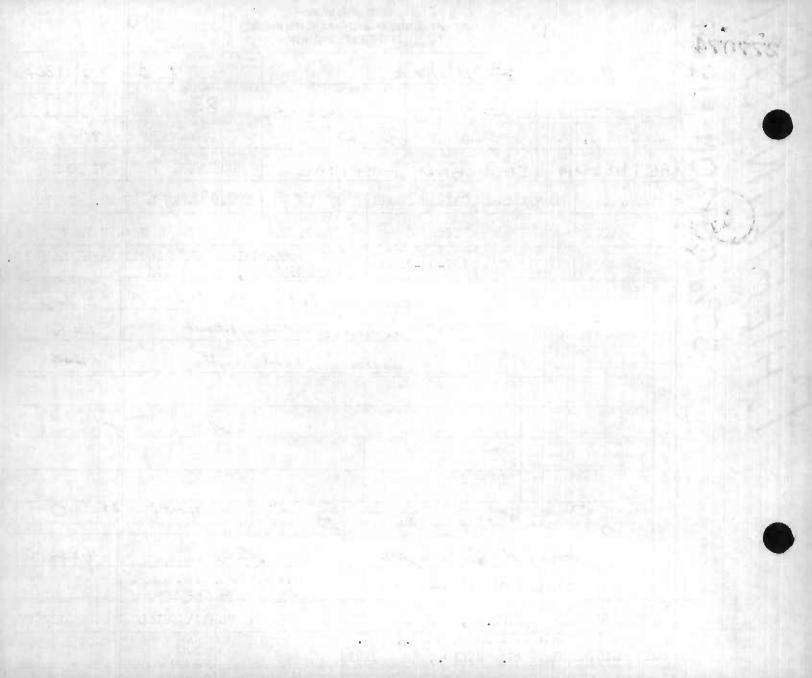
BY REGISTRAP 256. REGISTRAR'S SIGNATURE

ŀ		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.			all a	
7		CEASED NAME OR PRINTS	led.	会	Mille		AST	20. DATE OF DEATH MONTH	22	85	1130	R O P _M
1	SEX	F EMALE		4 RACE	CASIAN	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 2	Z4 HRS MIN.
/		SHINGTON,			WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY <u>OR</u> COU MONTGOMER				MD.
5		THES D		(IF NOT IN SUC	HOSPITAL, NURSII CH FACILITY, GIVE STREET RBAN	NG HOME C	SPITAL	120 USUAL OCCUPATION (TYPE OF WORKER HOUSEWIFE	NG LIFE) 12	AT H		SSOR
2	USUA 130 S M	ARYLAND		GOMERY	GIVE RESIDENCE BEFOR	SBURG	136 INSIDE CITY LIMITS?	13 STREET ADDRESS LZIP E	EAF	DR.	2087	9
1	14 FA	MAX	,	MIDDLE	TIMES		RACHAEL	MIDDLE		KFUTD		
		AS DECEASED EVER	ASED EVER IN U.S. ARMED FORCES? IGNE WAR OR DATES) 166 SOCIAL SECURITY NO. 17 INFORMANT MARJORIE MILLER 10021 GAITHERSBURG, MD. 20879							MAPLE	LEA	F DR
		18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respectatory facility, Worked 2 days.										
		Conditions, if ony, which gove rise to immediate DUE TO. OR AS A CONSEQUENCE OF pullward metadors; efficiency								weeks.		
		cause 101, stating the underlying cause last (c)								were.		
	NOI	PART 2 OTHER SIGN	NIFICANT C	onditions <u>co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease or condition	GIVEN IT	V PART Ira	1	
	CERTIFICATION	190 DATE OF OPERA	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED			RE FINDING CAUSES		H?
1		210. ACCIDENT WAS UND OR CONTRIBUTING (C) (IF EITHER NOTIFY MEDI	CAUSE OF DEA	OF DEATH HOUR A.M. MONTH DAY YE			216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM			OR PART 2)	7	
	MEDICAL	21d INJURY OCCUR!		D 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN							12	TATE
		20a. I certify that (1) this haspital) attended the deceased from 5/19/24, to 9/22/19/25 and that in (our) opinion death occurred on the date and hour a above (1) (we) (did not hiew the body offer death.										ve) last ited
-		226. SIGNATURE	Sorper		lection,			MEDICAL STAFF DIRECTOR PHYSICIAN		220 DATE !	23/81	,
		276. PHYSICIAN'S N			Richman	, 1.7.	22e ADDRESS 1/50 O Rock	ville hy Los	m K.d.			
		URIAL, CREMATION,		SEPT 2			EMETERY OR CREMATORY	236. LOCATION PT.FA'SA'NTVTI	LE co	UNIY NEV	V TEB	SEY

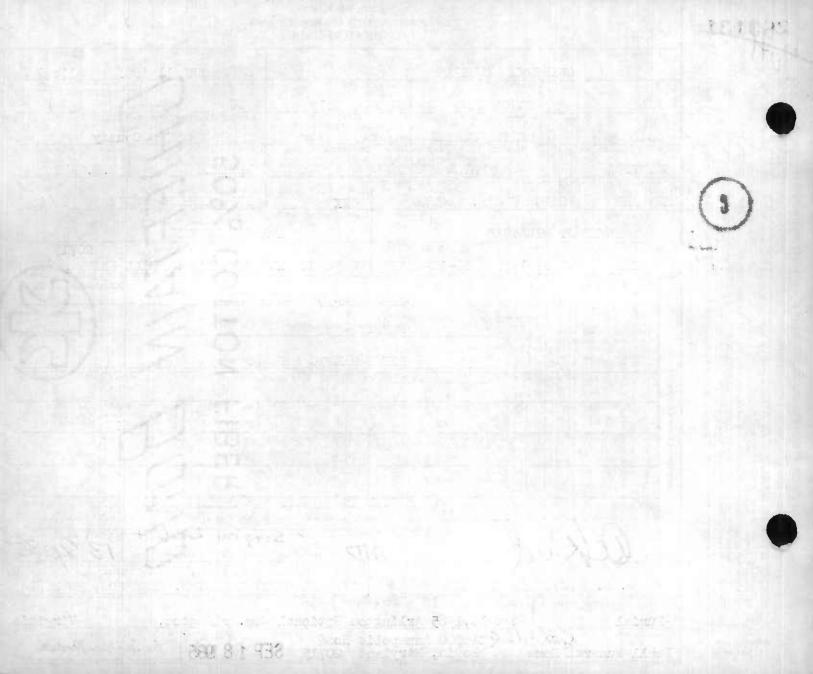
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DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If them 21 is marked or Item 18 shows ony



63131	FOR - STATE REGISTRAR	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 5 2 6	5 2 7 8
771	DECEASED NAME FIRST	WIDDIE	ŁAST	20 DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
2 81		FORD MILLIGAN		SEPTEMBER 11 198	85 11:47 ^a
3. S	SEX .	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS
urs of the	MALE	CAUCASIAN	APRIL 5 1919	66 YRS	
10 d d d	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED TO NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
deort deort	OHIO	UNITED STATES	WIDOWED DIVORCED		ounty MD.
s offe	SETHESDA	(IF NOT IN SUCH FACILITY, GIVE STREET AND NAVAL HOS.	PITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) RETIRED	126 KIND OF BUSINESS OR INDUSTRY U.S.NAVY
M/	ARYLAND PRIN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOWN BOWIE	YESXX NO [130.STREET ADDRESS / ZIP CODE 2719 KENHILL DR	IVE 20715
b no key	FATHER'S NAME FIRST ELMER J. M			OA FAY RUNYAN	LAST
and o		E WAR OR DATES)		ADDRESS	20715
rs. Pe		7–1957 537–12–5		LIGAN, 2719 KENHILI	L DRIVE BOWIE, MI
oth certificat ending physi e carbonpop in, or removo imatic event,	PART I. DEATH WAS CAUSE IMMEDIA	uly one couse per line for (a), (b), one D BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUE	CARDIOVASCULAR COL	LAPSE	BETWEEN ONSET AND DEATH
that the ded by the att	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE		CESS	
quires signed then pl to bury, o		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	V IN PART TIO
Ystonon ystonon ystonon ystonon cote hos been sig onsit permit. Ther Hygiene prior to the 8 shows ony injury CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
74 E1 - /	OR CONTRIBUTION CONTRACTOR DE	HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT I OR PART 2)
IG PHYSICIA ottending p ter this certif is the buriol-i and Mental rked or Item	214 IN JURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN portal ar STOR: Af for use o of Health	saw. the deceased plive on	tol) oftended the deceased from	$\frac{\text{AUGUST}}{85}$, and that in (my) (our) opinion	death occurred on the date and hour	9_85 that (I) (we) last and from the causes stated
AL OR AL DIRECT AL DIRECT DEST OF DEPT IT. If hem	23 Solling Re	d	MD ATTENDING PHYSICIAN	Urgical Resident MEDICAL STAFF DIRECTOR PHYSICIAN	13 4085
TO HOSPITAL retained by th TO FUNERAL should be deter with the State IMPORTANT: II	D. S. REID,	LT, MC, USNR		HOSPITAL, NAVAL NAVAL NAVAL REGION, BETH	
BP	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		name of cemetery or crematory rlington National	23d LOCATION CITY OR TOWN	COUNTY STATE Virginia
DHMH - 16 60M 7/84	FUNERAL DIRECTOR NAME Beall Funeral Ho	While 316000 Ani	napolis Road 250 DA	TE REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE



THE SAL SALL SALL FRANCE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF

6 2 8 0

DEATH	REG. N	REG. NO.							
	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR					
	Combonil	30	7005	7 00					

		ASED NAME	FIRS?	,	MIDDLE	į	ASI	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
-	(TYPE O		Charle	es	E.	Moo	re	Septembe	er 16	. 1985	7:23PI
1	3. SEX			4 RACE		5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 HRS
/		MALE		WHITE		JAN.	1, 1942 R	43	YRS	ONTHS. DAYS	HOURS MIN.
	7a BIRT	THPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
Y		MD.		USA	A TOP A	WIDOWE	D DIVORCED	Montgon			MD.
1	0]	or town of d Lney		Montge	omery Ge	enera	al Hospital	Tree trim	ON F WORKING LIFE Mer	industry Tree	Co.
1	30 ST	D.	13b COUN MON	TY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN ROCKVIL	V I	13d. INSIDE CITY LIMITS?	304 ADDRESS Monr	ZIP CODE oe St.	#5	20850
1	100	OBERT	F.	MIDDLE	MOORE	SR.	15. MOTHER'S MAIDEN NAM		RUS	SELL LAS	ī
劃	160 WA	AS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	55		25430
le,	Ň	O OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES	218-38-8	782	William L. M	oore Kear	neysvi	lle, W	est. Va.
	F	Conditions, if on gove rise to in couse (o), star underlying cou	ny, which mmediate ting the se lost	(b) DUE TO, OI	R AS A CONSEQUE	NCE OF	levelism NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 100	yes,
1	CERTIFICATION	90 DATE OF OPER	MOITA	196. COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206 IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
	MEDICAL	Pla. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOT IF Y ME PLANT OF THE NOT IF Y ME NOT IT WORK	CAUSE OF DEA	HOUR A	M. MONTH DA M.	19	216. HOW INJURY OCCURR 211 LOCATION STREET	RED (ENTER NATURE OF INJUIL		COUNTY	STATE
	2	saw the dece	osed olive on did in of	Kodon	ofter death. ell, m.D		nd that in (my) (aux) opinion of DEGREE ATTENDING PHYSICIAN (A) 122e ADDRESS	MEDICAL STAR DIRECTOR PHYSIC	:F	and from the	
	23a BU	IRIAL, CREMATION		ck Moom	23c N		Olney, Md	23d LOCATION	II	ar 20 HNTV	M3 State
	126	BURIAL		Sept.1	9,1985 T	rue G	fospel	Lisbon	Howan	ra	Md. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

IMPORTANT: If hem 21 is

74 FUNERAL DIRECTOR FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

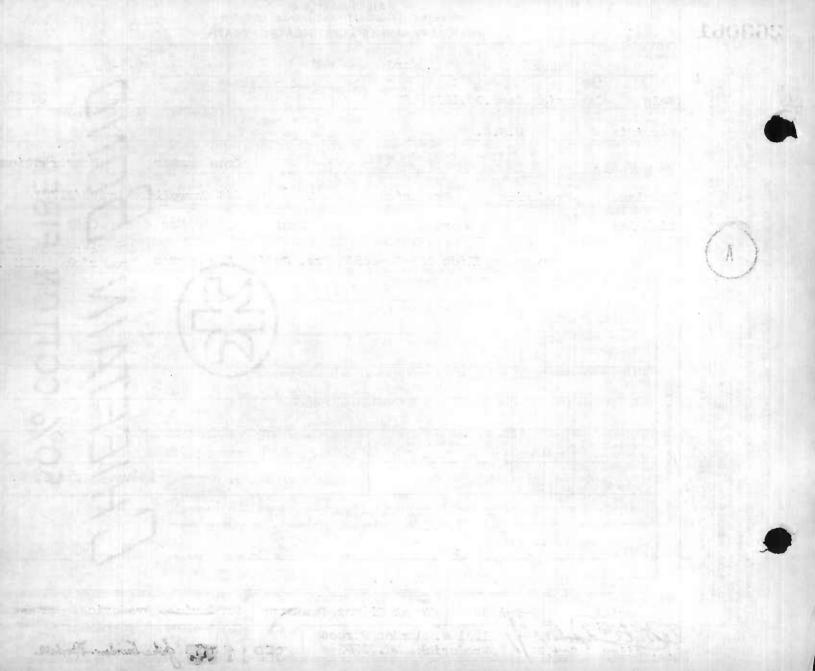
BY REGISTRAR 25) REGISTRAR'S SIGNATURE

, ,

x

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 263061 - STATE REGISTRAR I. DECEASED NAME 20. DATE KNOWN Y MONTH LIVEE OR PRINT) F.dward MORTON DEATH MATED 19-5-85 JAMES 4 RACE IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 9-5-85 :32P Caucasian Sept.30,1932 52 DEAD 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED Montgomery County U.S.A. Virginia DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY FOR MOST OF WORKING LIFE!

Iron Worker Washington Adventist Hospital Takoma Pk. Construction LIAL RESIDENCE LIF IN NURSIN HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 448 Carrollton Drive/21701 Frederick Frederick Maruland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Nicholas Edna Mae Capp Morton 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 448 Carrollton Dr. Korean Conflict 228-36-6653 | Mrs. Judith Ann Morton Frederick, Md. 2170 Yes 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS ADDIMAL XOE INJURY 50PM MONTH DAY YEAR 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOO subject fell from scaffold CONTRIBUTING CAUSE OF DEATH 9-5-85 19 21e PLACE OF INJURY 21d IN JURY OCCURRED SilverunSprings, Md. 2nd&Cabsville Rd. highrise (CITY-OR TOWN WHILE AT WORK AT WORK Autopsy XX 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion Accident X Suicide Hamicide Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) 9-6-85 ACTUAL Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street Kauffman, M.D. EXAMINER'S NAME Gregory R. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Frederick, Frederick, Maryland Mount Olivet Cemetery 9-9-1985 Burial 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1201 N. Market Street **DHMH - 17** (VR A15 ME (5)) Frederick, Md.21701 E.Daileu &



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 6 2

		NEG-GTRIFFOT						REG. N			
		CEASED NAME	FIRST		AIDDLE	NA.	AST	20. DATE OF DEATH	^	AY YEAR	2b. HOUR
	/	E	ina		Y	141	oxieu		4-2	3-85	8:20 Pm
	1.50			4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
		Female	200	Whit	е	Oct		73	YRS		NOORS MINE
4		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
2		Maryland		U	SA	WIDOWE		Montgo	nery C	ounty,	MD.
Ţ	10. CT	TY OR TOWN OF DEA	TH		OSPITAL, NURSII H FACILITY, GITE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
[19		ark	Wash	inalor	HO	ventist	Homemaker			
É	ÚSÚA IJa S	AL RESIDENCE (IF NURS	13b. COUN		131. CITY OR TOV		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
-	Ma	ryland		gomery	Monrovi		YES NO X	12723 Fin	ngerbo	ard Rd.	. 21770
	IL FA	THER'S NAME		MIDDLE	LAST	-	15. MOTHER'S MAIDEN NAM	ME		LAS	ST
0	0	Raymor		E.	Moxley		Virgin			Beal	
1		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECT	JRITY NO.	17. INFORMANT	^251	200 Cl	earwate	er Dr.
		No No	(11 123, 011	t war on partin	214-58-	0795	Betty M. Jer	rnigan, Dar	nascus	, Md. 2	20872
		18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for (a), (b), or	nd (cl.)				BETWEEN	ONSET AND DEATH
		PART I. DE ATH W		D BY:	ARDIDG	enic	Shock				
					AS A CONSEQU						
		Conditions, if ony,	which	((b) A	leute 1	MITRI	Al Keakkai	tation			
	100	gove rise to imn		DUE TO OF	AS A CONSEQU	ENCE OF	3 0		(DEE		
	10.	underlying couse	lost.	(c) A		1voc	ARDIAL IN	ufarction			
		PART 2. OTHER SIGN	VIFICANT O				NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
4	NO	Acu	te 1	RONAL	FAIL	IRP.					
7	CAT	190 DATE OF OPERAT	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
	CERTIFICATION							YES NO	YES		NO [
3	8	210. ACCIDENT WAS UND	_	110110 1		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	(RT 1 OR PART 2)	
7	S	(IF EITHER NOTIFY MEDIC		TIP .		19					
	MEDICAL	214 INJURY OCCURE	RED	21e. PLACE (OF INJURY	FARM FTC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	2	MHILE NOT WH	RK -		LEO, CHECONI, OTTICE,	1 0000 2 1 4 7					
		220.1 certify that (1)	(this hospi	tol) attended the	deceased from	Ava	19 , 19 85	10 Huga	3, 1		that (I) (we) lost
	100	sow the decease above, (I) (we) (c	ed olive on did) (did no	t) view the body	ofter deoth.	850,00	nd that in (my) (our) opinion o	death occurred on the de	ate and hour	and from the	couses stated
		226. SIGNATURE		10	1/4		DEGREE	General Control	7	22c. DATE	SIGNED
	34	Dres	2000	NA	when		ATTENDING PHYSICIAN	MEDICAL STAI		9/2/	4/85
		22d. BHYSICIAN'S	ME Ay	RINT)	NA C	7	170. ADDRESS 13-15	EAST, Deer	PARL	1 BRI	re
		Gregor	4	Isher	n, M. L).	GAith	ersburg	Md		
		URIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		Burial	0	9/26/8	5	Montgo	omery Meth.	Damas	eus. 1	Montg.	. Md .

DHMH - 16 50M 4/82 (VRA 15, 4)

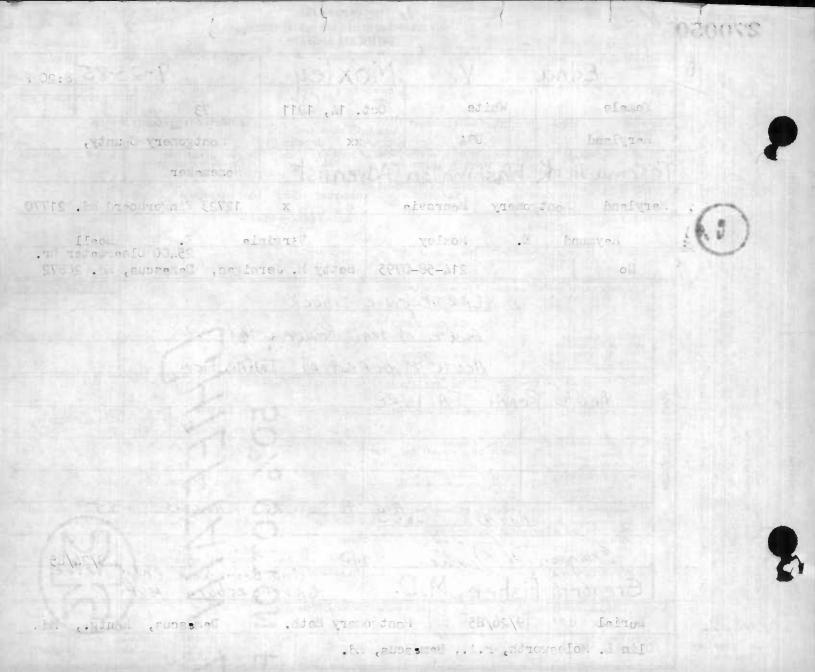
236. DATE 9/26/85 Montgomery Meth. Olin L. Molesworth, P.A., Damascus, Md.

Damascus,

Montg.

Md .

1250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE SEP 2 5 1985



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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579-10-220 Chemletts rooks, 672 H St. 1. t., meinineten, DE

Tentes I strong

modificacións

icn. 25,1986 J.km.Lee's Jons Lo. Lachington, L.C.

Lachington, D. C.

a you don of.

Cremetion

Modulre Funeral Barv. 7400 Gatzaia Ava. M.U.

COUNTY

and that in (my) (eur) opinion death occurred on the date and hour and from the causes stated

22¢ DATE SIGNER

FAYAZ A. SHAWL MD 23a BURIAL, CREMATION, REMOVAL

(IF EITHER NOTIFY MEDICAL EXAMINER)

sow the deceased all

22d, PHYSICIAN'S NAME (TYPE OR PRINT)

236 NAME OF CEMETERY OR CREMATOR

DEGREE

21L LOCATION

22 ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Cremation

Sept.29,1985

Lee's Crematory

Washington, District of Columbi

CITY OR TOWN

22h SIGNATURE

J. Wm. Tee's Sons Co. 300-4th St., NE, Wash., DC20002 SEP

P.M.

21e PLACE OF INJURY

AT HOME STREET FACTORY OFFICE FARM, ETC.)

DHMH - 15 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

Sertember 29, 1985 4:30s	eejre	- Muke	l rem
70	dl 15, 1928	ast Indian Apr	Female
Montgomery	X	India	rellpur Indie
Physician-Indian Government	· føjigeol ja	ashington Adventis	Tekora Lerk
32-Sheed Bhawat Sing Rd.11000	X	New Delhi	sthal
- Chawla	Veera	Virmani	Remnarain -
ukerjee(Mushand) Same as #13	Or.Sandio M	None	Oii -
	e salt of Mills	artys foreign of All Silver	
Take William Res	sik loud		
		per agreement per de self	
EST THE	*	7 /B://2	
	1.4		
		GAL ROS	HE. A. EALAY

Cremation

Sept.29,1985 Lee's Crematory

Sashington, District of Columb'

J. Mm. Lee's Sons Co.300-4th St., ME. Mash., DC20002

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.			1	
20 DATE OF DEATH	MONTH	DAY		2b HOUR	
SEPTEMBER	4 19	85		5:50	a M
AGE (IN YEARS LAST B	RTHDAYI	IF UNI	DERIYEAR	IF UNDER 24 H	IRS

MARGIT VERONICA NAGEL 4 RACE 5. DATE OF BIRTH 3 SEX FEMALE CAUCASIAN

L CITIZEN OF WHAT COUNTRY

NÖVEMBER 10 1920

9 BALTIMORE CITY OR COUNTY OF DEATH

COUNTRY NEW JERSEY UNITED STATES

WIDOWED |

MARRIED X NEVER MARRIED

MONTGOMERY

M CITY OR TOWN OF DEATH

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

12n LISUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE

12b. KIND OF BUSINESS OR INDUSTRY

BETHESDA 136 COUNTY 130 STATE

To BIRTHPLACE (STATE OF FOREIGN

NAVAL HOSPITAL ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13c CITY OR TOWN 13d INSIDE CITY LIMITS? CENTREVILLE

15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 14835 PALMERSTON SQUARE 22020

IRGINIA 4 FATHER'S NAME

- STATE

REGISTRAR DECEASED NAME (TYPE OR PRINT)

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

FLIZABETH LOJA

CENTREVILLE, VA 22020

JOHN SILAGYI 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

FAIRFAX

HE YES GIVE WAR OR DATEST

166 SOCIAL SECURITY NO 084-14-5880

17 INFORMANT

ALBERT C.NAGEL, 14835 PALMERSTON SOUARE.

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY COMPROMISE Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO OR AS A CONSEQUENCE OF

MASSIVE PLEURAL EFFUSIONS AND ASCITES

DUE TO, OR AS A CONSEQUENCE OF CIRRHOSTS

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90 DATE OF OPERATION

71n ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

IN CERTIFYING CAUSES OF DEATH? YES X NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)

LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

10 85

COUNTY CITY OR TOWN STATE

20b. IF YES, WERE FINDINGS USED

220 I certify that (I) (this haspital) attended the deceased from JULY 31

22b. SIGNATURE

CERTIFICATION

MEDICAL

abave, (1) (we) (did) (did not view the bady after death

saw the deceased alive an SEPTEMBER 4 19.85 , and that in (my) (aur) opinion death accurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED

SEPTEMBER

200 AUTOPSY?

PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSICIAN'S NAME (TYPE OF PRINT)

NAVAL HOSPITAL NAVAL MEDICAL COMMAND. NATIONAL CAPITAL REGION, BETHESDA, MD 20814

M. PIERDENOCK , LCDR , MC , USNR 230. BURIAL CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY 85 Arlington Nat. Cemetery "Arlington, Virginia

24 FUNERAL DIRECTOR

Burial

/ name

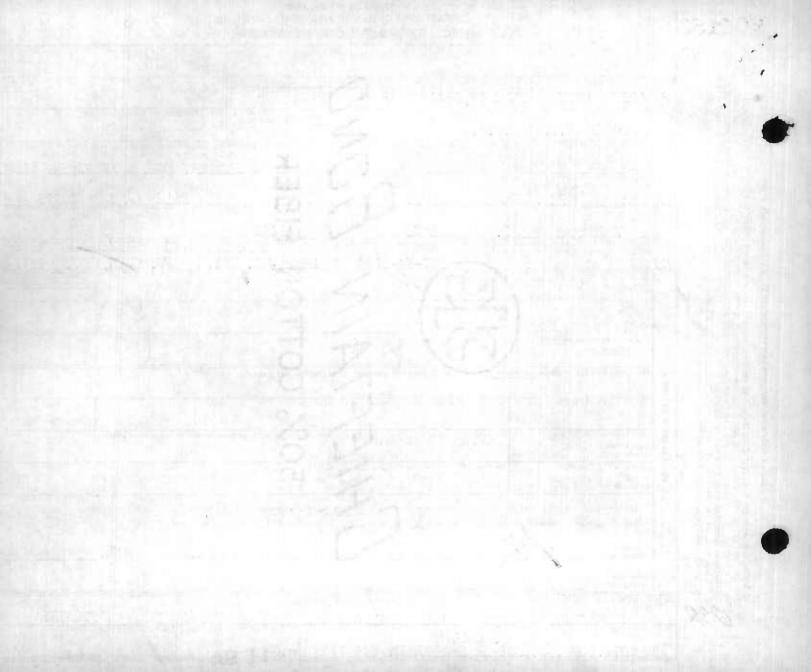
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

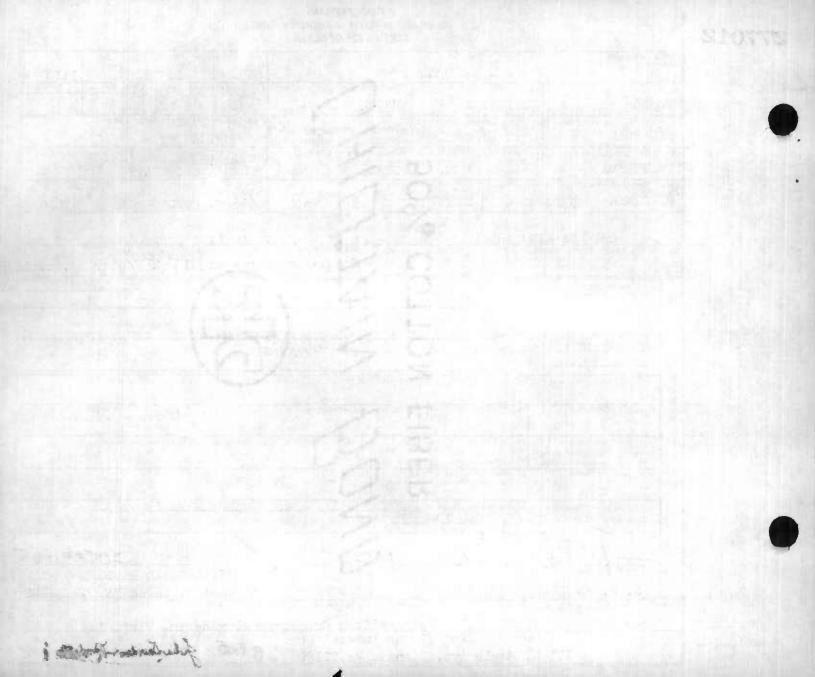
27	5031	1-	FOR F STATE REGISTRAR	MEI	DEPARTMENT OF I	ER'S C	ERTIFICATE OF I	DEATH	2. 6 2 REG. NO.	28/
	ARY, PLEASE DIRECTOR. COUR FILES. 172 HOURS		EASED NAME FIRST GO PRINT) GRAD	5. DATE OF BIRTH	A. 6 AGE (IN YEA		AIRN DER I YR. IF UNDER 24 I	DEATH A	NOWN X MONTH ESTI- MATED 9/26	DAY YEAR 26 HOUR 1985 A. A. DAY YEAR 26 HOUR
	JECESSARY, P JNERAL DIREC FOR YOUR WITHIN 72 H	7a. BI	RTHPLACE (STATE OR REICH-COUNTRY)	AUG. 3				PRONOUNC DEAD	RECITY OR COUNTY	6 1985 A. M
	DAY IS NEC OTHE FUNE PAGE 5 FO E FILED, WIL		DELAWARE TY OR TOWN OF DEATH LUER SPRIN		PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)	OR OTHE		USUAL OCCUPA FOR MOST OF WORKIN	VT GOM (TION (TYPE OF WORK) G LIEE)	ERY MD 26 KIND OF BUSINESS OR INDUSTRY
D. 21201	AND 3 TO STAND 5 TO ST	13s. S			VE RESIDENCE BEFORE ADMISSION STATEMENT STATEM		13d. INSIDE CITY LIMITS? 13d	1845 ADDRESS		GE AVE.
HORE, MD.	A STATE OF THE STA	16a. V	TOSEPH. VAS DECEASED EVER IN U.S. ARM	MIDDLE ED FORCES?	ATKINSON 166 SOCIAL SECURITY	Y NO.	FIRST	ABETH	CA	ARTER RIDGE AVENUE
. KA TIMORE	MIT PAGE	(Y	(IF YES, GIVE W NO 18. CAUSE OF DEATH (Enter anly		219-54-9	309				SPRING, MD. APPL 0.902 ERVAL BETWEE 0.902 ERVAL
5, 201 W. PRESTON ST	XECUTED WITHIN 24 HO NG" IN PENGL IN ITEM CAL EXAMINER ALONE BURIAL - IRANGIN FEM AND MENTAL HYGIENE ATION, CIR REMOVAL		PARTI DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last.	CAUSE (o)	AS A CONSEQUENCE O	OF .	CARDIA		SEASE.	
A RECORDS	AS A SETTH CREATER	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CO	NoI	RUT NOT RELATED TO THE TERM VE TION FOR WHICH OPER			a _t		20 AUTOPSY?
DIVISION OF VITAL RECORDS, 201	IFICATE SHO STHE WORD TO THE CHII HOULD BE US NRTMENT OF OR TO BURIL	MEDICAL CERTIFIC	NONE 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH P.M.	MONTH DAY YEAR		NoNE	NTER NATURE OE INJUR	Y IN ITEM 18 PART 1 OR PART	YES NO
DIVIS	E, WRI WARE WARE PAGE STATE	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		ORY, EARM, ETC.}	1	REET	CITY OR TOWN		
•	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTMORE, MARYLAND,		ACTUAL SIGNATURE	al causes X,		Autops		Induity L Indetermined monity MEDICAL EXAMIN	DATE SIGNED	9/26/85
	TO MEDI EXECUTE PAGE 4 3 TO FUNE AFTER DE BALTIRO	23a.B	EXAMINER NAME OH O (TYPE OR PRINT) OH O JRIAL, CREMATION, REMOVAL 23	S. R	23C NAME OF CEA		ADDRESS SILVER	5 PRIN	G MOIV	T. MD.
07/B4 25M	BP DHMH - 17 (VR A15 ME (5))	24 FI	INERAL DIRECTOR FRANCI	9/30/85 IS J. 2001 SILVER	ITNS	REEK 20901	CEMETERY 250. DATE REC. SEP	WASHINGT 3 0 1985	ON D C	GNATURE

STATE OF MARYLAND

			Film G	607 inem	18 & 22a	ST	ATE OF A	AARYLAND A AND MENTAL H	IVOSENIE	0	, ,	0 0	
	200153		STATE 9	/18/85 r	rja MFI	DICAL EXAMI	NFR'S	CERTIFICATE O	FOFATH	2	5 2	0 0	
		1. DE	CEASED NAM	E FIRST		WIDDLE	TVEIL 3	LAST	20. DATE		MONTH DAY	YEAR .	Zb HOUR
	* X 3 3 8 - / U	(TYP	E OR PRINT)	Sally		Ann	N	eal	OF DEATH	ESTI- AL	7/ 7/	19 85	
	CTO CTO FILE TREE	3 SE)	(4 RACE	5 DATE OF BIRTH	A AGE IIN	YEARS I IF UP	DER 1 YR IF UNDER		E '	MONTH DAY		10:4
	NECESSARY, PLEASE, UNREAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS. METERSTON STREET,	FE	MALE	WHITE	JUNE 10,	1940 LAST BIRT	YRS.	HS DAYS HOURS	MIN. PRONOL DEA	D	7/ 7/	19 85	P
	ESSA ERAL THIN	20	RTHPLACE (5		76 CITIZEN OF WH	AT COUNTRY?	8 MARR	IED XX NEVER MARRI	ED 9 BALTI	MORE CITY OR	COUNTY OF	DEATH	4.1
	NEG FUNE S FG			TON, D.C.	U.S.A.			VED DIVORC		gomery			ME
	LIAY IS I	10 C	TY OR TOWN			PITAL, NURSING HO		IER INSTITUTION	FOR MOST OF WO			IND OF BUS R INDUSTRY	
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	P. 21201 IF ANY DEL RETAIN P SROULD B. RECORDS.	13a S	TATE	13b COUN	ITY	13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS?	13e. STREET ADDR		Alte	00715	
	MD. 21 1, 2, AN 3, RE M. 3, RE M. 3, RE M. 1, Z, AN 1, Z,		RYLAND ATHER'S NAME		GEORGES	BOWIE		YESXX NO [SALEM L	ANE	20715	,
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	BALTIMORE, MD. SS AFTER DEATH. IF GIVE PAGES 1, 2, IIITH FORM PM 3. PAGES JAND 2 S. NYSION OF VITAE	NO		(IF TES, GIVE	WAR ON DATES	577-54-3	156		L. SMITH		RTH. TEX		16134
	5 H Samp. /		I CAUSE O	F DEATH (Enter on	ly one couse per line						1	APPROXIMATE II	NTERVAL AND DEATH
	SNS TARREST		PARTIDE		TE CAUSE (o)	Diabetes		tus					
	S TO THE STATE OF		Canditio	ns, if any, which		AS A CONSEQUENC	E OF	from .					
	NATIONAL DESCRIPTION OF THE PARTY OF THE PAR	H-7	gave ri	se to immediate	(b)	AS A CONSEQUENC	F. O.F.	- V					
	N AR		lying cou		00210,00	AS A CONSEQUENC	E OF						
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	TAL RE HIEF A HI	CAT	19a DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OF	ERATION W	AS PERFORMED?			20	AUTOPSY?	
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	DIVI SCE SCE SCE SCE SCE SCE SCE SCE SCE SCE	ME	WHILE	NOT WHILE C		ORY, FARM, ETC.)		STREET	CITY OR T	OWN	COUNTY		STATE
	RWARNA STA	9						sy X. Inspection					
	AND SOUTH		deoth result		ral sauses X ,	Accident .	Suicide	Homicide			n my opinion		
	KENTER BETTER		geom result	ed from: Natu	rai gauses (1),	Accident,	Suicide [TITLE (SPECIFY)	Undetermined n	nanner,			
	ALECTION ALE		ACTUAL SIGNATURE,	1	00		N	Assistan	MEDICAL EXA	MINER	DATE SIGNED	7/8/85	5
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	TO MEDICAL EXMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH WITH PARTITINORE, MANUAL	-	(TYPE OR PRI	NT) Gre		auffman, M			111 Penn	St.			
	19011	73e.B		TION, REMOVAL		23c NAME OF C			23d. LOCATION CITY OF TOWN	LIMDT I	COUNTY	RGINIA	
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(VRA 15, 4)



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		CE ASED NAME	FIRST Anna	MIDDI	E C.	t.	AST O'Brien	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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moy moy	3 SEX	(4. RACE	1 1 1 2 2	-1211	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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MA mpl		John			hiddihy		Anna		Kenney
ORE,	16a V	VAS DECEASED EVER IN	U.S. ARMED FO		SOCIAL SECUR	RITY NO.	17 INFORMANT		amar Road
TIMO		(ES, NO OR UNKNOWN)					Robert A. O	Brien, Betheso	
BAL THE STATE OF T		18 CAUSE OF DEATH PART I. DEATH WA	Enter only one co	ouse per line	for (0), (b), and	10:18	ise arre	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	- 3		MMEDIATE CAUS	E (o)	Cer				7 min
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AL RECORDS. The low required to the sign of the sign o	CERTIFICATION	190 DATE OF OPERATE	ON 196	CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
ALR On.	TIFE	Editor			Control			YES NO NO	YES NO
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DIVISION OF NG PHYSICIA of the rhis cent os the buriol-th ond Mental or the ond Mental orked or them	MEDICAL	VHILE NOT WHILE	(A1	PLACE OF I	NJURY FACTORY OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING or or or see os		22a I certify that (I) (need the de	ceosed from	7/1	19.50	10 9/19	19.85 that (I) (weeklast
of He ST Is		the deceased	d alive on 7	119	19 8	5 , or	d that in (my Leur) opinion	death occurred on the date and	d hour and from the causes stated
REC PREC PECT PECT PECT PECT PECT PECT PECT PE	(obove, (I) (pe) (die 22b. SIGNATURE	d (did that) view t	he body ofte	er death.		DEGREE	11	22c DATE SIGNED
the h the h to Depe		1 hour	1984	Dun	ak	3	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/19/85
HOSPITAL ned by the FUNERAL uld be definite Stote ORTANT.		224. PHYSICIAN'S NA	ME (TYPE OR PRINT)				22e ADDRESS	S DIRECTOR THIS ICENTY	
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op of of with the open of the		URIAL, CREMATION, R	EMOVAL 236. D	ATE	23c N	AME OF C	EMETERY OR CREMATORY	234 LOCATION	
BP		Buria	1 - 4	21/85			ary's Cemeter		, Maryland
DHMH - 16 50M 4/83		INERAL DIRECTOR J					OL D	TE REC'D, BY PECUSTHAR SE RE	EGISTRAR'S SIGNATURE
(VRA 15, 4)	51	30 Wiscons	in Ave.,	NW , Was	shington	D.C	. 20016 4	25 1985 guille	minden foliate

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STATE OF MARYLAND

CERTIFICATE OF DEATH	GIENEO 3	Line	9	8 3	1
CERTIFICATE OF DEATH	REG. N	10.			
LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2
O'CONNOT		9-	25	-95	1

1 DECEASED NAME	FIRST	MIDDLE	LAST		
(TYPE OR PRINT)	Ohd	J.	000	on	6
3 SEX	4 RACE		5. DATE OF B	RTH	
M	Whit	te	MONTH 12	22 22	1
To. BIRTHPLACE ISTATE OR	FOREIGN 7h CITIZEN C	F WHAT COUNTRY?	8		

U.S.A.

OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

76 CITIZEN OF WHAT COUNTRY?

Washington Adventist

Rockville

MARRIED NEVER MARRIED DIVORCED [WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

YES A

Mont. 12a. USUAL OCCUPATION Veterinarian

13e.STREET ADDRESS / ZIP CODE

MIDDLE

5617 - Pier

6. AGE (IN YEARS LAST BIRTHDAY)

9 BALTIMORE CITY OR COUNTY OF DEATH

126. KIND OF BUSINESS OR U.S.Gov (20851)

Drive

Silver Spring.

h HOUR

JSUAL RES 4 FATHER'S NAME

FOR - STATE

COUNTRY

Wash.,

CITY OR TOWN OF DEATH

Takoma Park

JOUAL RESIDENCE (IF NURSING HO

Gregory

REGISTRAR

MIDDLE

OUNTY

Mont.

IMMEDIATE CAUSE (a)

above (I) (we) (did) (aid not) view the body after death

O'Connor 16b SOCIAL SECURITY NO

36 CITY OR TOWN

Florence 17 INFORMANT 216-50-6082

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

Fasulo ADDRESS 414-Penwood Rd.

IF UNDER I YEAR

60 WAS DECEASED EVER IN U.S. ARMED FORCES

D.C.

18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)
PART I. DEATH WAS CAUSED BY.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MMUNODEFICIENC

Gregory O'Connor

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

couse (0), stating the underlying couse last.

190 DATE OF OPERATION

Conditions, if ony, which gove rise to immediate

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

210.	ACCIDENT WAS UNDERLYING

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

200 AUTOPSY?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 714. INJURY OCCURRED

NOT WHILE

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

211 LOCATION

CITY OR TOWN

, and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated

STATE

22a. | certify that (1) (this haspital) attended the deceased from saw the deceased olive on

22h SIGNATUR

24 FUNERAL DIRECTOR

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22e ADDRESS 10500 SUMMIT

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

D	D	
D	Γ.,	

DIVISION OF VITAL RECORDS

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detach with the State De IMPORTANT: # H

Cremation

9/26/85

Nalley's F.H. Inc. Mt. Rainier, Md.

23¢ NAME OF CEMETERY OR CREMATORY Metropolitan Crematory Alex.

Va STATE

BY REGISTRAR 25% REGISTRAR'S SIGNATURE

Julia Davidson Randall

The state of the s

STATE OF MARYLAND

	REGISTRAR			CEKTIF	ICATE OF DEATI	n.	REG. NO		
	DECEASED NAME FIRST	^	AIDDLE /	Ł	AST		20 DATE OF DEATH MONT	H DAY YEAR	26 HOUR
L		largar	e7.5.	Oc	dell		09	114/85	87PM
3.	SEX	4 RAQE		5. DATE C		4 D	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
	female .		·White	Jai		ĩ4	71	YRS	HOOKS MIN.
de	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIE		9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
1	Washington, D.C	U.	S.A.	WIDOWE			montgor	nery	MD.
10	Bethesda		HOSPITAL, NURSING HEACHITY, GIVE STREET A		OR OTHER INSTITUTION	NO.	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Medical Tech		Practice te
	SUAL RESIDENCE (IF NURSING HOME)		13c. CITY OR TOWN	٧	13d INSIDECITY LIA	_	13e STREET ADDRESS / ZIP		999
4	D.C.		Washingto	П	YES NO [6200 Oregon	Ave., N.W	20015
r	FIRST	WIDDIE	LAST		FIRST	CIA IAM	WIDDLE	LA	
4	Henry	R.	Schreib		Irene			Dear	born
7 16	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
7	No		216-38-5	589	Mary Min	ter.	5505 Spruce	Tree Ave.	. Beth. N
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse lost	(b)	RAS A CONSEQUE		PANCRE	S	FOR CARCIA	uana REAS	
	PART 2 OTHER SIGNIFICANT	-			NOT RELATED TO TH		INAL DISEASE OR CONDITIC	ON GIVEN IN PART 1	
	190. DATE OF OPERATION 9-85 210. ACCIDENT WAS UNDERLYING	CAR	CINDY A	VAN	NWAS PERFORMED			. IF YES, WERE FINDS CERTIFYING CAUSE: YES	
		CAIR	M. MONTH DA	Y YEAR	21c HOW INJURY (OCCURR	ED (ENTER NATURE OF INJURY IN IT	TEM 18 PART I OR PART 2)	
	OR CONTRIBUTING LAUSE OF D OR CONTRIBUTING LAUSE OF D OR CONTRIBUTING LAUSE OF D OR CONTRIBUTING LAUSE OF D OR CONTRIBUTING LAUSE OF D OR CONTRIBUTING LAUSE OF D	21e. PLACE			SH FOCUTION	C	CITY OR TOWN	COUNTY	STATE
	220. I certify that (1) (this has sow the deceased alive o	9-14	19	0	d that in (my) (our) o	opinian o	deoth occurred on the date or	nd hour and from the	-

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL ISPEC Burial 9/18/1985 74 FUNERAL DIRECTOR JOSEPH Gawler's Sens Inc.
5130 Wisc. Ave., N.W. ash., D.C.

U.S. Military Academy

22e ADDRESS

Cem CITY OR TOWN

West Point N.Y.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı	1 - FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	ENES 5	2 6) 4	7 3
1	. DECEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
1	Lawrence	R.		Ohns	stad	September	14,	1985	12:15P _M
	3 SEX	4. RACE	1-1-2011	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS.
1	Ma1e	Caucas	sian	Septe	ember 21, 1904	80	YRS	ONIHS DAYS	HOURS MIN.
1	TO. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	X NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY	OF DEATH	
1	North Dakota	United	States	WIDOWE		Montgomery	Coun	ty.	MD.
1	10. CITY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATIO	N	126 KIND C	F BUSINESS OR
4	Rockville		Swood Nu		Center	Auditor	WORKING (IFE)		Gov't.
	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			7ID CODE		
4		gomery	Bethesd		136 INSIDE CITY LIMITS? YES NO X	6411 Tisda]		race	20817
1	14 FATHER'S NAME		1 20011000		15. MOTHER'S MAIDEN NAM	Æ.	LC ICI	Luce	20017
λ	Andrew	MIDDLE	Ohnstad		Myrt1e	MIDDLE		Youn	or or
+	160 WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	SS	TOUL	5
1	(YES, NO OR UNKNOWN) (IF YES GIV	VE WAR OR DATES)	468-07-3	113	Clara J. Ohns	stad wife	camo	as 13e	
ŀ	18 CAUSE OF DEATH (Enter of	alv ann cauca no			Clara G. Chile	Lad Wile	Same		IMATE INTERVAL ONSET AND DEATH
١	PART I. DEATH WAS CAUSE	D BY:	Respirato		ailure			Hours	
D	IMMEDIA	TE CAUSE (0)			illarc			noul	
1	Conditions, if any, which	DUE TO, O	Carcinoma		lung			1 yea	2.30
1	gove rise to immediate	(6)_			Lung			T AE	11.
1	underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF					
I	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT PELATED TO THE TEPAMI	NAL DISEASE OF COND	VITION CIVE	NI INI DARY 1	
П		<u> </u>	SIVIKIBOTING TO E	EATH DOT	NOT KEERIED TO THE TERMIN	VAL DISEASE ON COND	MION GIVE	IN IN FART III	
\mathbb{H}	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
П	2					YES NOTY	IN CERTIFY YES	ING CAUSES	OF DEATH?
1	210. ACCIDENT WAS UNDERLYING				211 HOW INJURY OCCURRE			_	
4	OR CONTRIBUTION CALLER OF DE		M. MONTH DA	Y YEAR					
1	(IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION				
1	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TOW	VN .	COUNTY	STATE
1	AT WORK	56 to 10 to 1	e decensed from	Aus	2ust 19.85	Septemb	er	9 85	that (I) (wX last
1	22a I certify that (I) (MIKING)	Aci) offended th							
	22a certify that (I) (KKK)	Septemb	er 10,19 8	35_, ar	nd that in (my) (ox) opinion d				couses stated
1	22a certify that (I) (KIKK); sow the deceased alive or above, (I) (Xe) (Xid) (did no	Septemb	er 10,19 8		nd that in (my) (a) opinion d				
-	sow the deceased alive or above, (I) (Xe) (Xid) (did no	Septemb	er 10,19 8		DEGREE ATTENDING	eoth occurred on the da	te and hour	and from the	SIGNED
-	sow the deceased alive or above, (I) (Xe) (Xid) (did no	Septemb 11) view the body	er 10,19 8		DEGREE ATTENDING	eath accurred on the da	te and hour	ond from the 22c. DATE Sept	. 15,198
-	sow the deceased alive or obove, (I) (Re.) Mid (did no 27b SIGNATURE	Septemb ot) view the body	per 10, 19 8 after death.		ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STAF	F AN	ond from the 22c. DATE Sept	SIGNED . 15,198
-	sow the deceosed office or obove, (1) (Ne) (Nd) (did no 22h SIGNATURE 22d PHYSICIAN'S NAME (TYPE O	September of view the body of view the body of the bod	per 10.19 8 atter death. M.I.	m	ATTENDING MATTENDING M	MEDICAL STAF	F AN	ond from the 22c. DATE Sept	SIGNED . 15,198
-	sow the deceased alive or obove, (I) (Re.) Mid (did no 27b SIGNATURE	September of view the body of view the body of the bod	M.I. 23c N	AME OF C	ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STAFI DIRECTOR PHYSICI Blvd. Beth 23d LOCATION CITY OR TOWN	FIAN	22c. DATE Sept 20 Mary1	SIGNED . 15,198

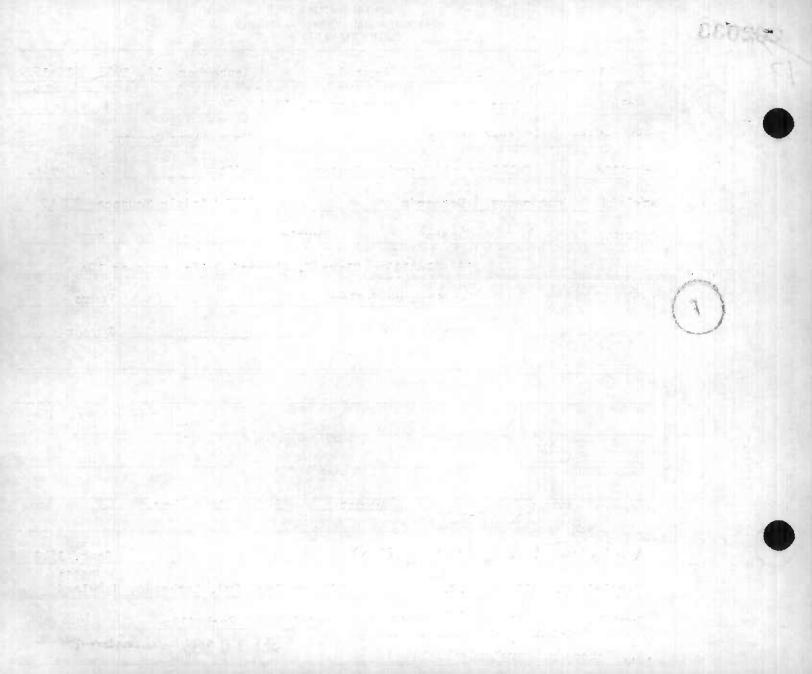
DHMH - 16 60M 7/84 (VRA 15, 4)

P.A., Bethesda, Maryland

20814

TO HOSPITAL

BP.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🧏

- STATE CERTIFICATE OF DEATH 20. DATE OF DEATH MONTH LAST DECEASED NAME MIDDLE 2b HOUR LIYPE OR PRINT Ada Okin September 16, 1985 M. November of 1893 White 6 AGE (IN YEARS LAST BIRTHDAY) Female TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 75. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Montgomery Pennsylvania U.S.A. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPMusician OF WORKING LIFE) Chevy Chase Bethesda Retirement & Nursing Ctr. IND Teaching USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | 13e STREET ADDRESS / ZIP CODE | 2215 Washington Avenue 20910 Silver Spring 13d INSIDE CITY LIMITS? Maryland Montgomery 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME John Mangus Sarah Ann Meyer ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 578-26-2448 Mrs. Sarah A. Cassidy, same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse io), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h, IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) affended the deceased from , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on_ DEGREE 22c DATE SIGNED Sept. 16, 1985 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Robert V. Choisser, M.D. 5530 Wisconsin Avenue, Chevy Chase, MD 230 BURIAL CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Cremation 9/17/85 Cedar Hill Crematory

DHMH - 16 60M 7/84 (VRA 15, 4)

Avenue, N.W., Washington, DC 20016

Suitland, Maryland 24 FUNERAL JOSEPH GAWLER'S SONS, Inc., 5130 Wisconsity Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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		URIAL, CREMATION,		23b DATE		AME OF	EMETERY OR	CREMATORY	23d LOC	TY OR TOWN		COUNTY	51	TATE

Burial 9/26/85 Highland Cem.

4 FUNERAL DIRECTOR 1102 W. Broad St.

Murphy Funeral Home Falls Church, Va. 00

Okemah, Oklahoma

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNA

TO 3 1985 July Durils

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAN				REG, NO.		4
1 DECEASED NAME F	IRST .	AIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
JEAN	N FRANCIS	PAGE		SEP 20, 198	5	4:43 PA
3 SEX	4 RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
female	Caucas		July, 07, 1936	49 YRS	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FORE COUNTRY) New Hampshire		MA WHAT COUNTRY? MA WID	RRIED W NEVER MARRIED OWED DIVORCED	Montgomery Con		M
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USUAL RESIDENCE (IF NURSING 130. STATE 130. New Hampshire	COUNTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS / ZIP COL 52 Pembroke Rd		999
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160 WAS DECEASED EVER IN 1 (YES NO OR UNKNOWN) NO	U.S. ARMED FORCES? FYES GIVE WAR OR DATES)	166 SOCIAL SECURITY N 001-28-3106		ADDRESS age 52 Pembroke 1		
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10. ACCIDENT WAS UNDERLYING	ŀ
OR CONTRIBUTING CAUSE OF DEATH	
(IF EITHER NOTIFY MEDIC AL EXAMINER)	
ZIA INJURY OCCURRED	2

NOT WHILE

CERTIFIC

MEDICAL

80

16. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. le PLACE OF INJURY

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION AT HOME STREET FACTORY, OFFICE FARM ETC)

COUNTY

IN CERTIFYING CAUSES OF DEATH?

STATE

27a I certify that (1) (this hospital) attended the deceased from 03 saw the deceased alive on 20 SEPT 19 85 above, (1) two (did) (did not) view the body after death.

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIA

to 20 SEPT

NO

CITY OR TOWN

(my) (our) opinion death accurred on the date and hour and from the causes stated

22c DATE SIGNED

Delacev William A.

NAVAL HOSPITAL BETHESDA BETHESDA, MD. 20814

230 BURIAL, CREMATION, REMOVAL 9/25/85

22d PHYSICIAN'S NAME THE COMME

136 NAME OF CEMETERY OF CREMATORY Rockingham Cemetery

TIII.Y

Newfield, New Hampshire STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

1331 Rockville, Pike, Rockville, Md. 20852

BY REGISTRAR 756, REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR ING PHYSICIAN: The low requires that the death certificate be exert offending physician. When the cultificate has been signed by the attending physician and as the turnal transit permit. Then please remove carbonopapers. Page than and Merrial Hygiene prior to burial, cremation, or removal. orked at Turn 18, Nows on injury, or other traumatic event, the media	NO	Canditions, if any, gave rise to imm cause (a), statin underlying cause	nediate g the last.	(b)	R AS A CON	SEO JENCE OF	(1)	ED TO THE TERMI	NAL DISEASE OR COM	NDITION GIV	VEN IN PART	11o
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(SPECIFY) CITY OR TOWN COUNTY ST	etoined by TO FUNER. should be d with the Sta		SAMIR	No	SMA	i, n			S, LV	10313	SPI	GOR	GIA	10	AV. 20	1902	
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DHMH - 16 50M 4/83 (VRA 15, 4)

HINES/RINALDI Funeral Home Silver Spring, Md.

SEP 10 1985 The Sandon Bondall



274	074	1-	FOR STATE REGISTRAR		DEPART		CATE OF DEATH			2 EĞ. NO.	6 3	<i>J</i>
W/A	Orx		CEASED NAME FIRST		NIDDLE		ST	20.	DATE OF DE	ATH MONTH	DAY YEAR	26. HOUR A
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1 0 05	(TYP)	CEASED NAME FIRST	WIDDLE	. 0	l asi		MONTH DAY	YEAR	2b HOUR
16-48	Sr.			1. 16	each, C.S.C.		35	JNDER I YEAR	II:30 A M
2. 11.	3. SE	x	4. RACE		5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	MON		HOURS MIN.
8 94	土	emale	White		11-14-07	77	YRS.		
4 12 2F		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	T COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY C	R COUNTY OF	DEATH	
	-	Maryland	4.5,		WIDOWED DIVORCED		gomes	ny	MD.
1 11 /2/	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	ILITY, GIVE STREET A	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATE	F WORKING LIFE)	INDUSTRY	F BUSINESS OR
1 11 02	15	luer Spring	I Holy (cross	Hospital	Teacher-Re	ligious		
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1 3 1	1_	Md. Mo	nt. K	ensing	TON YES NO	5000 Str	athmo	ore f	WC , 2089
11610/6/	TICE.	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN	MIDDLE		LAS	1
11.50	1_	Frank		each	Mary	Alice		Nel	lson
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ysic operation of the state of		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line	for (a), (b), and	10.1			BETWEEN	MATE INTERVAL
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andin corb			DUE TO, OR AS				Carlotte Contract	2.	4 9 2 2
deo deo offe offe offer offer roun		Conditions, if any, which gave rise to immediate	(b) Y	yetter	de Judnanan	anhole			X
the the		cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUE	NCE OF			1	
thorate of by delays		oliderlying coose last	(c)						
NG PHYSICIAN: The law requires that the death cert offending physician. If the this certificate has been signed by the offending is as the build-transit permit. Then please remove carbon to and Mental Hygiene prior to buriol, cremation, ar renative decided or them 18 and we have a supported to the proof or the proof of the proof or the proof or the proof or the proof or the proof or the proof or the proof or the proof or the proof or the proof or the proof or the proof or the proof or the proof or the proof or the proof or the proof or the proof or the proof or the proo	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	RIBUTING TO D	EATH BUT NOT RELATED TO THE	ERMINAL DISEASE OR CON	DITION GIVEN	IN PART Ito	31
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law bs br	12	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	G CAUSES	OF DEATH?
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ATT OSPIT ECT od fo od fo or of on		obave, (I) (we) (did) (did n	of view the body after	death.	DEGREE	- de direction de	are and flath an	22c. DATE	
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SPITAL J by th VERAL De deto Sinte	-	STALPHYSICIAN'S NAME IN	-10	-	22e ADDRESS	N DIRECTOR PHYSIC	IAN	BARN	12/140
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DHMH - 16 50M 4/83 (VRA 15, 4)	r	NAME TAINC	Soulant d	MADDRESS		SEP 1 6 1985	guha di		-Aandelle
(VKA 15, 4)	1 51	00 University E	oucevara.	W. SU	ver spring. Mal.	- 1 - 1000	11	-71 71	1 11-000

Fig. 1 (Stephens III II Strength III ve 14

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (5) CERTIFICATE OF DEATH

PELTIER, JR.

APRIL 25 1937 18

20. DATE OF DEATH

SEPTEMBER

6 AGE LIN YEARS LAS

48

BALTIMORE CIT

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. NO.			- 3		
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	MON	INS DAY	5 MOU	NS M	IN.
1	/RS				
Y OR CO	UNTY O	DEATH			
RY					MD.

MALE BIRTHPLACE (STATE OF FOREIGN

FIRST

EUGENE

CAUCASIAN TE CITIZEN OF WHAT COUNTRY?

UNITED STATES

MIDDLE

JOSEPH

MARRIED NEVER MARRIED WIDOWED

5. DATE OF BIRTH

MONTGOME DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY RETIRED

EVELYN

U.S. NAVY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

BETHESDA VIRGINIA

CITY OR TOWN OF DEATH

KANSAS

- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR I. DECEASED NAME

> SUAL RESIDENCE (IF NURS and HOSE ADMISSION CITY OR TOWN FAIRFAX SPRINGFIELD

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

NAVAL HOSPITAL

13d INSIDE CITY LIMITS? NO [15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 8520 ETTA DRIVE

GENNETTE

A FATHER'S NAME EUGENE

JOSEPH 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

4 RACE

PELTIER 166 SOCIAL SECURITY NO

LENA 17 INFORMANT

YES OR UNKNOWN

1958-1985

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (

575-34-3585

JO ANN PELTIER, 8520 ETTA DR, SPRINGFIELD VA

Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last

PART I. DEATH WAS CAUSED BY.

SEPSIS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ACUTE MYELOGENOUS LEUKEMIA

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

190 DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

YES X NOF YES X 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

> COUNTY STATE

NO F

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

21e PLACE OF INJURY AT HOME, STREET FACTORY OFFICE FARM, ETC.)

211 LOCATION

. SEPTEMBER

CITY OR TOWN

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

sow the deceased alive an SEPTEMBER 28 obove. (1) (wa) (did) (did not) view the bady after death. 22b. SIGNAT

22a.1 certify that (1) (this hospital) attended the deceased from_

DEGREE

ARLINGTON NATIONAL

SEPTEMBER

PHYSICIAN DIRECTOR PHYSICIAN

19 85

TIC DATE SIGNED 220 ADDRESS NAVAL HOSPITAL, NAVAL MEDICAL COMMAND.

MEHEGAN

23a. BURIAL, CREMATION, REMOVAL SPECIFYBURIAL

LT ,MC ,USN

10/3/85

NATIONAL CAPITAL REGION, BETHESDA, MD 20814 23t. NAME OF CEMETERY OR CREMATORY

CITY OR TOWN ARLINGTON

24 FUNERAL DIRECTOR

CERTIFICATION

DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGINIA

DHMH - 16 60M 7/84 (VRA 15, 4)

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Sinherdow Toplette

CHESTATE AND ASSESSMENT OF THE PARTY OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH 26 HOUR TYPE OR PRINTS Samue 1 Perin 4 RACE 5. DATE OF BIRTH 3. SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR Male Caucasian May 27, 1915 70 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Penna. USA. DIVORCED T WIDOWED Montgomery IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Suburban Hospital Salesman Clothing USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE SEFORE ADMISSION 130, STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Montgomery Rockville 11403 Strand Drive #2A-205 NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Benjamin Perix Rebecca Brown 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) no 160 10 0462 Sophie Perin(wife) See # 13 above APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE CARDIOMYOPATHY Conditions, if ony, which gave rise to immediate couse los, stoting the NARY ARTERY DISEASE underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 19 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM, ETC) STREET STATE NOT WHAT

ld b

MPORTANI

=

DHMH - 16 60M 7/84 (VRA 15, 4)

CREMATION, REMOVAL (SPECIFY)

Burial

27s 1 certify that (1) fthis hospital attended a

23¢ NAME OF CEMETERY OR CREMATOR

DEGRES

22e ADDRESS

23d LOCATION Judean Mem'l Gardens Olney,

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

Maryland

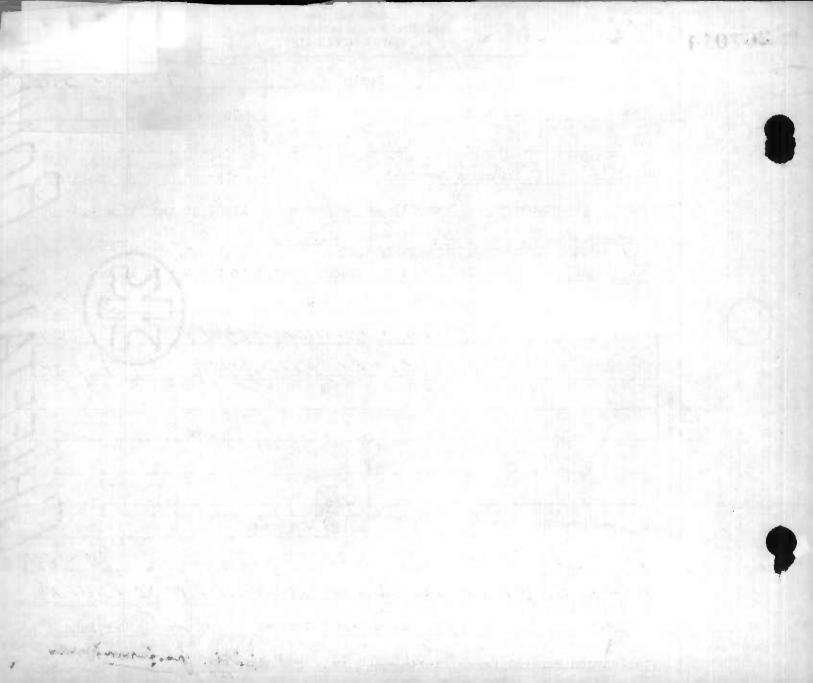
22c DATE SIGNED

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ADDRESS Ives-Pearson Funeral Homes, Arlington

Sept 12 1985



, /	1								MARYLANI							
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PLEASE ECTOR: R FLES. HOURS		2 557	4. RACE	ohn		D.	I		aff, J	r.			ED []	9/ 1	5/19 8	- ///
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22000			R TOWN OF DEATH			SPITAL N	IURSING HOA		ER INSTITUTI			OCCUPATIO				MD.
2245	841			(IF	NOT IN SUCH FA	ACILITY, GIVI	E STREET ADDRESS)			FOR MOS	T OF WORKING L	IFE)		OR INDUS	TRY
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2 4 3 3	246	130. STATE	13b	COUNTY	INSTITUTION, GI		TY OR TOWN	SION)	13d. INSIDE CITY	Y LIMITS?	13e STREET	ADDRESS			11	14/4
21201 ANNY ANNY BANE	115	Mary	land No	ntgomer	У	Bet	hesda		YESXX	NO 🗆	4905	Batter	v Lar	ne. #	201	017
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TO MEDICAL E EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D	BAF	23a.BURIAL	CREMATION, REM						R CREMATOR		23d LOCA					
		Bur	1	Septem							CITY OR T	OWN	omac	COUNTY		STATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

34	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 5 2	6 3 0 8
		EASED NAME PRINT) ELIZ	abeth	Phillips	20 DATE OF DEATH MONTH	0 85 11 7
3	3 SEX		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN
	7. 016	Female THPLACE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT COUNTRY?	12 22 09	75 YRS	CEDEATH
1/5		Pennsylvani		MARRIED NEVER MARRIED	Montgomery Co	
800		YORTOWN OF DEATH Wheaton	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET. Manor Care Nurs	ADDRESS]	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI NUTSE	12b. KIND OF BUSINESS O
25	13a S	Md. Mont	R OTHER INSTITUTION. GIVE RESIDENCE BEFORE NTY 134 CITY OR TOW GOMERY Wheaton	N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 1101 Georgia	Ave. 20902
150		THER'S NAME William W	MIDDLE Stive	15 MOTHER'S MAIDEN NA FIRST Jenny	ME MIDDLE M •	LAST
e medicol		No	577-09-7	7606 Mrs. Nancy		.05 Beaver Ter kville, Md.
Joseph Company	9	PART I. DE ATH WAS CAUS	nly one couse per line for 10), (b), one ED BY. TE CAUSE 10)	Cardopulmonas	y avrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	INCE OF		1983
of of		underlying couse lost	HOLY	D		. 10
or to buriol, cr	TION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	TERY BYPESS A	wigery	EN IN PART 110
on permit then piecese	RTIFICATION	PART 2 OTHER SIGNIFICANT SIP CE	CONDITIONS CONTRIBUTING TO E RONARY AR 196 CONDITION FOR WHICH	TERY BYPESS A	206 AUCOPSY? 206 IF YE IN CERTI	EN IN PART TIO S. WERE FINDINGS USED FYING CAUSES OF DEATH S. \(\text{NO } \text{NO } \text{V}
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DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

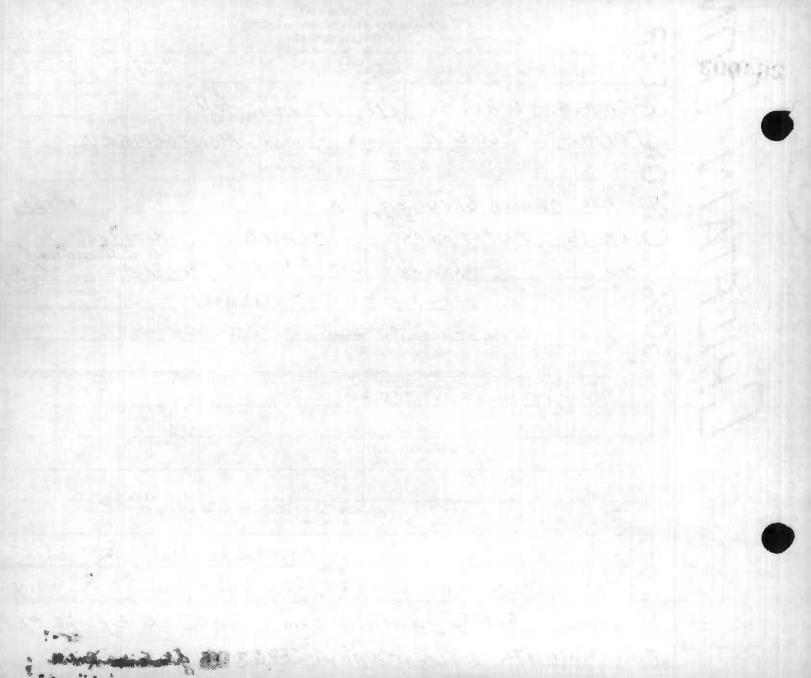
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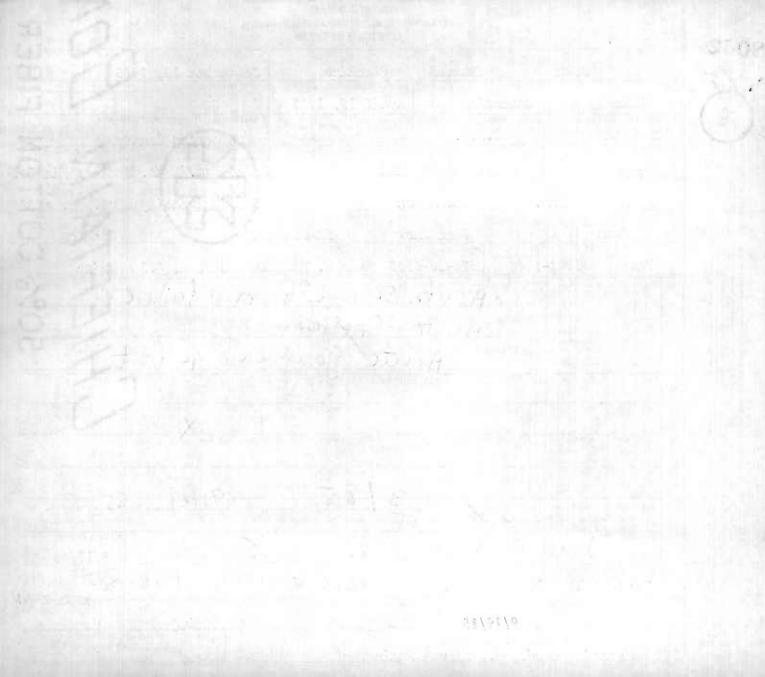
Balto., Md.

250. Date REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
SEP 1 6 1985 Julia Davidson Br.

07.32.0 PREDICIONARY ARTERY DIES PRANTY



20040	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE S S	NO.	0 0	
38044		CEASED NAME	FIRST	WIDDLE	· ·	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
od to			John	Emanuel		<i>Puchino</i>	September		1985	7:00 P _M
E	3. SE		4	RACE	5. DATE C		6 AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	HOURS MIN.
		Male		Caucasian	Apri	e 15, 1917	68	YRS.		A
osth. ro	70 B	RIHPLACE ISTATE COUNTRY YORK	OR FOREIGN 71	U.S.A.	MARRIE WIDOWE	NEVER MARRIED DIVORCED	Montgome	_		AAD
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an on S. Pog	Ĺ	yes no or unknown)	1942-1	1946 578-20-	6503	Anna M. Pluc	hino Same	as #13		
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that the eose re eose re rol, cren		couse (a), sta underlying cau		DUE TO, OR AS A CONSEQU	JENCE OF	e gary	rene (2/40	Ut.	
a signer Then pl	NO	PART 2 OTHER SIG	gnificant co	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GI	IVEN IN PART 10	o
he law r on. hos bee t permit	CERTIFICATION	190 DATE OF OPER	RATION	19b. CONDITION FOR WHICE	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES	NGS USED S OF DEATH?
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prito prito for definition of H	lie i	saw the deced		view the body after death.	85.01	nd that in (my) (aur) apinion	death occurred on the	date and ha	or and from the	causes stated
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00	230 6	SURIAL, CREMATION	N, REMOVAL			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP	24 54	Crematio DINERAL DIRECTOR	n	9/19/85	metrox	politan 135 DA	Alexand		Vi	irginia
DHMH - 16 60M 7/84		NAME	tranci	is J. Collinsoness			DOZ MODE	: Hella V	TRAR'S SIGNAT	andelle
(VRA 15, 4)	50	0 Univers	ity Bli	d., W., Silver	Sprin	g. MD St	L 70 1200	N		



268010	1.	#15,FilmG608 1 FOR STATE REGISTRAR	.0/2/85 k		NENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 5	2	6 3		
2000		CEASED NAME FIRST	М	NDDLE	· ·	AST	20 DATE OF DEATH		DAY YEAR	2b HOUR	
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	Ma	THER'S NAME	tgomery	GIVE RESIDENCE BEFORE 131. CITY OR TOW Kensingt	N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 9601 Carri	/ ZIP COD	load /	20895	
11/60	1	Thomas	MIDDLE	Plummer		Emily	Jenkins		Jenk.		
sooth certificate be ess triending physical and recombal papers. Page tion, or removal	ye	IS CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per ED BY: ATE CAUSE (0)	216 10 Ine far (a), (b), and	rul	Betty C.	Plummer		BETWEEN	3 IMATE INTERVAL ONSET AND DEATH	
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5 PHYSICIAN I Hendeng physician with serificont mand mental trips and Mental trips and Mental trips and or been 18 st	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	EATH HOUR A.A	m. Month da m.	19	211. LOCATION STREET	RED (ENTER NATURE OF IN)		PART (OR PART 2)	STATE	
HOSFITAL OR ATTENDING inned by the heterotric or an FUNEAL DIRECTOR After bold be detected for use on the State Dept. of Health at the State Dept. of Health at OBTANI. If them 23 is mark		270. I certify that (I) (the saw the deceased alive a obove, (I) (wo) (did) (1) 27b. SIGNATURE	n who will be body of	after death.		od that in (-y) (our) opinian DEGREE ATTENDING PHYSICIAN]	death occurred on the comments of the STA DIRECTOR PHYSI	AFF	22c. DATE Sept		
A Provided With the Wild Commend of the Will Commend of the Will Commend of the Wild Commend of the Wild C		James J.	Foster,	M.D.		Wash	nington, D.	c. 20	0006		
ВР		SURIAL, CREMATION, REMOVA (SPECIFY) Burial UNERAL DIRECTOR RODE	Sept 2	985 Ga	te of	Heaven Cemet	23d LOCATION CHY OR TOWN SILVET E REC D. BY REGISTRAL	Sprin	COUNTY M TRAR'S SIGNAT	state laryland	
DHMH - 16 60M 7/B4 (VRA 15, 4)			P.A. Bethesda, Md. S-P 23					1985 Julia Davidson Manglase			

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (m) (our) opinion death occurred on the date and hour and from the causes stated 22c. DAJE SIGNED ATTENDING MEDICAL STAFF 23e BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION ALEXANDRIA, VIRGINIA CREMATION 9/20/85 METROPOLITAN CREMATOR 24 FUNERAL DIRECTOR RICHARD RAPP, INC. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25 1804 T ST., N.W., WASHINGTON. D.C. 20009 - adsor handell

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

DAY

OHTO

YEAR

INDUSTRY

2b. HOUR

12h KIND OF BUSINESS OR

43608

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20910

U.S. NAVY

PIETRÖSKI

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DHMH - 16 60M 7/B4 (VRA 15, 4)

270049

W. PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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ñ	3. SEX		4	RACE		S. DATE C			6 AGE IN	YEARS LAST	SIRTHDAY		INDER I YEAR	IF UNDER 24 HI	
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	14 FAT	THER'S NAME	M	IDDLE	LAST		15 MOTHER	S MAIDEN NA	ME	MIDDLE		10	LAS	c.7	
6		(UNKNOWN)			Ponds			CATHER.	INE	-			Suk	llivan	
k		AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMA	NT		ADD	RESS				_
	(46	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	436-01-2	000	Richa	ard J.	Ponds	, Jr.	San	ne a	s #13		
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		PART I. DEATH W		CAUSE (a)	N	AK	Share &	team	lam	u			3	will.	
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		PART 2 OTHER SIGN	MICANTO	DODITIONS CC	NTRIBUTING TO D	EAU BUT	NOTRELATED	TO THE ERM	INALDISTA	SE OR CO	NDITION	GIVEN	IN PART 1	11	Т
	CERTIFICATION		N	120	1000	~	201					100		11	
V	S	19a DATE OF OPERAT	1014	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AU	TORSYS			ERE FINDING CAUSES	OF DEATH?	
M						-1/1/5		2-5-4-9	YES 🗌	NO		YES []	NO []	
i		21a. ACCIDENT WAS UND		216. TIME OF	FINJURY M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER	NATURE OF IN	JURY IN ITEM	18 PART	OR PART 2)		
Ü	N N	OR CONTRIBUTING C		P. A		19									
H	MEDICAL	21d INJURY OCCURR	ED	21e PLACE C			211. LOCATE		134	CITY OR	OWN	2.0	COUNTY	STATE	-
		WHILE NOT WH	ILE .	LAT HOME STR	EET, FACTORY, OFFICE, FA	(RM, ETC.)	1	-1				10		31.416	
-		22a. I certify that (I)	(the hospito	al) attend	deceased from		116	19 6	to	9	27	. 19	22	that (It le) I	05
		saw the decease	d alve an_	New the bod	20 0 S	, 01	nd that in (my)	(aur) apinion o	death occur	red on the	date and I	hour an	d from the	causes stated	
	1	27L STENATUR	- V	view the body	arrer death.	2100	DEGREE						22c DATE	SIGNED	
		114	Tal	AA	Mary		4	TTENDING PHYSICIAN	MEDICA	ST PHYS	AFF		91	57/8	Ī
			-			-		THUSICIAIN M	- IKL	K L FIII 3	IC IMIA		1 2	- 111	1

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR FRANCIS H. BARBER

BURIAL

THE BURIAL CREMATION, REMOVAL

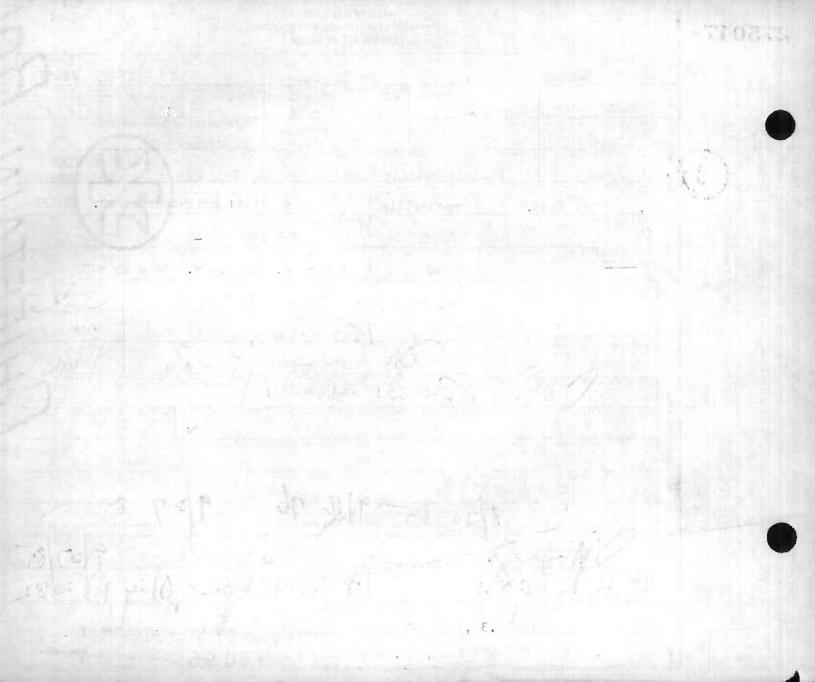
LAYTONSVILLE; MD. 20879

WEST LAWN CEMETERY GRATINA JEFFERSON LA.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

SEP 30 1985 Guilla Dandson Handases

STATE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CEPTIFICATE OF DEATH

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REG. N	10.				
E OF DEATH	MONTH	DAY	YEAR	2h h	0

REGISTRAR				CERTIF	ICATE OF	DEATH	REG	NO.			
DECEASED NAM	FIRST		MIDDLE	L	AST	137/6	20 DATE OF DEATH	HINOM	DAY YEAR	26. HOUR	
(TYPE OR PRINT)	LEAH	5		PRE	SCHEL		5:	EPT. 1	6,1985	7:15 PM	
3 SEX		4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
FEMALE CAUCASIAN				FEB 22 1900			85	YRS	MONTHS DAYS	HOURS MIN.	
To BIRTHPLACE (TATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- D NEVE	R MARRIED	9 BALTIMORE CIT				
N.Y.C	14 July 1	U.S	U.S.A.			DIVORCED [MONTGOMERY COUNTY				
10 CITY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER IN	ISTITUTION	120 USUAL OCCUP			F BUSINESS OR	
BETHE	SDA	SUBL	IRBAN H	05/17	TAL		HOMEMA		HON	Æ	
USUAL RESIDENCE 130. STATE	(IF NURSING HOME O		GIVE RESIDENCE BEFORE		13d. INSIDE	CITY LIMITS?	13e STREET ADDRES	SS / ZIP CO	DE (2	0852)	
MD.		NTG.	ROCKVI		YES 🛣	NO 🗌	6111 MC				
I FATHER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	ME		LA:		
ISA	AC .	MIDDLE	POVLIN	1		SARAH	MIDUL		UNK)	31	
160 WAS DECEASE		RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 11/4/00	OST CROS	YDON LA.	BOWI	E. MD.		
-NO	NI /	7	579-48-	3624			ETH PRESC				
18 CAUSE O	F DEATH (Enter o	nly one couse per	one cause per line for (0), (b), and (c)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I. DI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiorespiratory Arrest										
	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if ony, which (1b) Acute Cong					Failu		2 days			
couse (o),	to immediate stating the	DUE TO, O	R AS A CONSEQUE	NCE OF							
underlying	couse lost.	(c)_									
	ERSIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERM	AINAL DISEASE OR CO	ONDITION	GIVEN IN PART 1	0	
THE CATE OF											
S 190 DATE OF	OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERI	FORMED	20a AUTOPSY?		YES, WERE FINDI		
Ta							YES NO.		YES 🗌	№ □	
	WAS UNDERLYING [216 TIME C	FINJURY M. MONTH DA	Y YEAR	SIC HOM	INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM I	8 PART I OR PART 2)		
(IF EITHER NO	TIFY MEDICAL EXAMINE	R) P.	M.	19							
OR CONTRIBUTE (IF EITHER NO 21d INJURY C		PLACE	OF INJURY REET FACTORY, OFFICE FA	ARM, ETC)	211 LOCA		CITYO	RIOWN	COUNTY	STATE	
AT WORK	NOT WHILE AT WORK										
			e deceased from _		t et e	19 82		,	- 19 - 85	that (I) (we) lost	
obove, (deceased alive of	ot) view the body	ofter death.			γ) (o X) obtition	deoth occurred on the	e dote and h			
22b. SIGNATI	C. AL.	Y R.	nder;	5.0	DEGREE	ATTENDING	MEDICAL S	TAFF	22c. DATE	SIGNED	
TOTAL DULYCUCA	garre	a. 100	nair,	MO	122e ADDR	PHYSICIAN 5	DIRECTOR PHY		9/6	1/85	
22d. PHYSICI	AN 5 NAME (TYPE	OR PRINT)							0 1		
	CAROL '	BENI	ER		1	1110	oro GA	Edra	RKD 16	COULL A	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached with the State Dept IMPORTANT: IF

(SPECIFY)

CAROL L. BENDER 230 BURIAL, CREMATION, REMOVAL 236 DATE

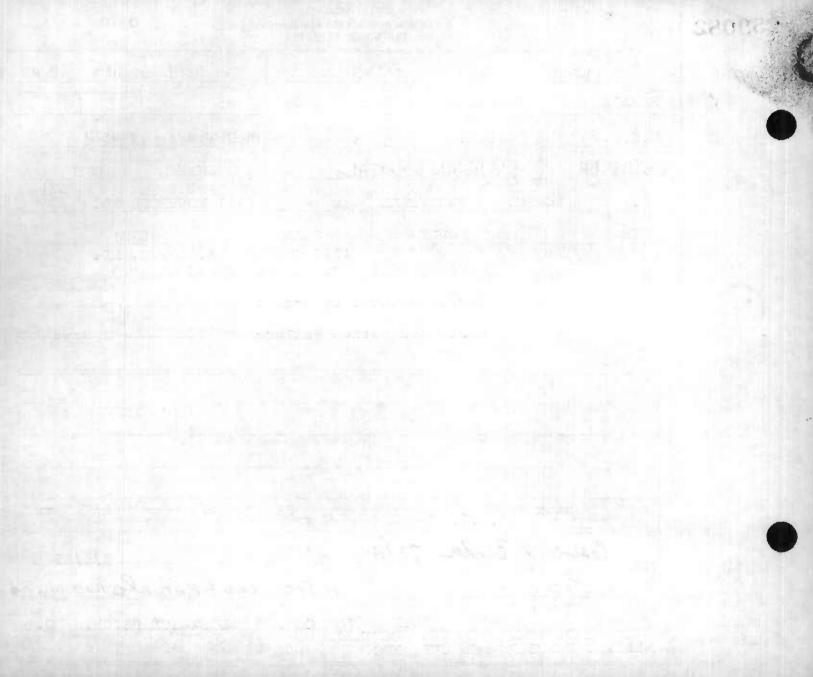
9-9-85

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

COUNTY

BURIAL 9-9-85 BETH SHOLOM CEM. DISTRICT HEIGHTS.
24 FUNERAL DIRECTOR 1170 ROCKVILLE PK. ROCKVILLE MDs. DATE REC'D. BY REGISTRAR'S SIGNATURE DANZANSKY-GOLDBERG MEM CHP, INC. DISTRICT HEIGHTS, MD



250	135	1 -	FOR STATE REGISTRAR			DEPAR	MENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	REG.		6 3	1 5
18	1		ASED NAME	rene		S.		rice	Septem		1985	26 HOUR 8:10 AM
	X	1. SE		3	4 RACE		S. DATE C		6 AGE IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	6	1	Female		Whit		Aug.	31,1916	69	YRS		
	156		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY	? B MARRIE	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
1 1	2	No.	aryland	T11	US		WIDOWE	DI DIVORCED DI	Montgo:			MD
4 2	101	V			(IF NOT IN SUC	H FACILITY, GIVE STREET	ET ADDRESS)		TYPE OF WORK FOR MOS	T OF WORKING LIF		F BUSINESS OR
5 4	C		AL RESIDENCE HE NURS			Venice		e	Homemak	er		0 -536
24 No	35		Md.	Mon	ITY	134 CITY OR TO		13d INSIDE CITY LIMITS? YES NO [130 STREET ADDRES			2040
4 4	1/	J4.E	ATHER'S NAME	200	WIDDLE	HAST		15. MOTHER'S MAIDEN NA				
94	1000	1	J.		bert	Shan	k	Eva	WIDDLE		Roh	rer
e eastcut	Pages		VAS DECEASED EVER YES NO OR UNKNOWN) None		MED FORCES? E WAR OR DATES)	217 74		Mervin Pri		nd) Sam	ne as	1.3E
2 1000	E = 4/		18 CAUSE OF DEAT PART I. DEATH W	H (Enter onl	ly one cause per	line far (a), (b), c	ind ic					MATE INTERVAL ONSET AND DEATH
office of the	on the		PART I. DEATH W		BY- E CAUSE (a)	SEPS	15				100	EEK
vires that the death c	her please remove con to borial, crempton, o njury, or other trauman	NC	Canditions, if any gove rise to immediate (a), statistically indexlying cause	nediate ng the last	DUE TO, O	RAS A CONSEON PARTIES RAS A CONSEON PARTIES CONTRIBUTING TO	TIC UENCE OF	BREAS T			EN IN PART 110	2
1 1	1117	ATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED
25 2	1	H	5/24/8	35	BOW	EC OB	STR	UCTION	YES NO		YING CAUSES	NO [
CON 1	18 1 m	CAL CERTI	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	IH	M. MONTH I	DAY YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 P	ART I OR PART 2)	
G Phris	hed or)	MEDIC	21d INJURY OCCUR	out	21e PLACE	OF INJURY REET FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	(ITY OR	IOWN	COUNTY	STATE
TENDIN phol or TOR AN	for use of of Health 21 k mar		22a I certify that (1) saw the decease above, (1) (we) (ed olive on	812	3 19	48 41 45	d that in (my) (aur) apinian	ta 9	date and have	and from the	that (I) (we) lost couses stated
A NOW	111		27k SIGNATURE	ora jara nar	view the oddy	11		DEGREE			22c. DATE	SIGNED
- A - A	detoi T. H.		All	11/m	D A	1 les	m	O ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN []	9/3	185
HOSPIL Scient by	# the S		PLACEMENT STATE STATE OF THE PARTY OF THE	isan	D. Ste	in		2101 Medic	al Park	Dr. S.	s.Md.	
5 5 7	333	23a I	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP	_		Burial		9/6/8	35 T1	cinity	Luth, Chur	ch Cemete			
	6 60M 7/B4		UNERAL DIRECTOR	aldi	11800	NOW H	mnsh	re Ave.S.	TE REC'D. BY REGISTRA	AR 256 BEGIST	DELINGSON AT	Mandall.
			1100/111	~~~~		21011 110			Cara C NO			

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 26804 CERTIFICATE OF DEATH lost RABBITT 1. DECEASED-NAME AWRENCE AWRENCE Middle 20 DATE OF DEATH 2b. HOUR (Type ar print) C. RABBI 4. RACE IF LINDER 1 YEAR IF UNDER 24 HRS. 3. SEX 5. DATE OF BIRTH 6. AGE (In years last_birthday) MONTHS DAYS CAUCASIAN MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MONTGONER WIDOWED | DIVORCED | 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR durin Branki wat ANDA (ATERen if retired.) give street oddress) INDANKING SUVER SPRING MID BALTIMORE, MARYLAND 21201 5101 GU 24 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) MASE 13b. COUNTMONT. SILVER SPRINGES 15101 Glade Dr. NO X 20906 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle CLAYTON RABBITT BESSIE HULL. 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yesymp our unknown) 577-07-9246 DOROTHY M. RABBITT SAME AS #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, IMMEDIATE CAUSE (0) CARDIO RESPIRATORY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) 16) CARDIOMYUPATMY rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse equires that the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CARCINOMA ROSTATIC 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NOXX YES 🔲 -tronsit 21a. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natity medical examiner) 21d. INJURY OCCURRED 2) e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at wark 22a. I certify that ((1) (this haspital) attended the deceased from TD Y, 1985, to SPT 20, 1985, that (1) (we) last saw the deceased alive an SPT 19 1985, and that in (my) tour) apinion death accurred an the date and haur and from the causes stated abave (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED.
DIRECTOR STAFF PHYS. DEGREE 9-20-85 22e. ADDRESS 22d. PHYSICIAN'S ND NAME (Type) 11161 NEW HAMPSHIRE AVE SIWERSPRING MD TO FUNERAL pe 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) SILVER SPRING (State) MONT. BRENOVAL (Specify) Sept.23,1985 GATE OF HEAVEN REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** DHMH - 16 3/72 25M FRANCIS H. BARBER LAYTONSVILLE, MD. 20879 (VR A15 (4))

P. Gerell The weathorn ALTONO E LE PRESIDENTE PARA LOS LOS DE LA PRESIDENTE DE L TOTAL PASTALISMA WARES Y STASSAM LIBERS -X A CONTRACT THE BANKS OF THE COMMENT OF WAR AND THE STREET

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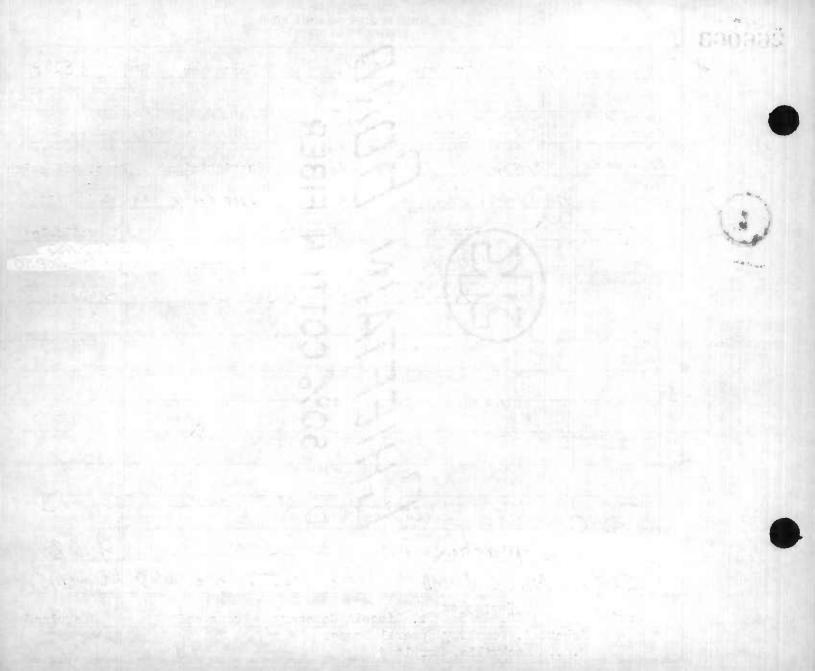
STATE OF MARYLAND

1.	- STATE REGISTRAR		DEPARIM		ICATE OF DEATH	REG. NO) 0			
	CEASED NAME FIRST		MIDDLE		AST		MONTH D	AY YEAR	2b HOUR		
(TYP)	Caroly	17	Frankum	/	Past	September	L	5, 198	5 8:20 PM		
3 SE		4. RACE		S DATE (& AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS		
	Female	Cauce	isian	Decer	mber 20, 1896	88	YRS.	DAILS.			
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH			
	Georgia	United	States	WIDOWE		montgo	mery	Coun	tv MD		
(0. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI		126 KIND C	OF BUSINESS OR		
1	Pockville	Collinasi	WOOD NO	ODRESS)	Center	Statistici			of Healt		
		OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				DCPC.	or near		
	. / /	nt gomery	ROCKUIT	./	13d INSIDE CITY LIMITS?	130.STREET ADDRESS		rive 1	20850		
	ATHER'S NAME	7	1 COCKOI.		15. MOTHER'S MAIDEN NAM	1/2/	4	7	20030		
	Robert	MIDDLE	Frankum		FIRST	WIDDLE		NT - L A	51		
IAn V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECUI	PITYNO	Estella 17 INFORMANT	ADDRE	SS	NOT AV	ailable ""		
		IVE WAR OR DATES						as ite			
-			578-20-2		Mrs. Margaret	t M. Kast,	Daught				
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	inly ane cause per ED BY	line far (a), (b), and	IMPRO AL	CCACC		BET WEEN ONSET AND DEATH				
	IMMEDIA	CHSE	ears								
	(23 - Call 19)	V									
	Conditions, if any, which										
	cause (a), stating the										
	underlying couse last.										
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	190 DATE OF OPERATION	19h COND	DITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS USED					
FIC		1,000.10	THOU TON THICH	O' EKATIO	- WASTEN ONNED	100 101015	IN CERTIFY	ING CAUSES OF DEATH?			
ERT	21g. ACCIDENT WAS UNDERLYING	7 216. TIME C	S INTUDY		21c HOW INJURY OCCURR	YES NOW	YES		NO 🗌		
	OR CONTRIBUTING CAUSE OF DE	110000	M. MONTH DA	Y YEAR	THE HOW HAJORT OCCORR	(ENTER NATURE OF INJUI	KY IN IIEM IS PA	RT QR PART 2}			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19	AN LOCATION						
MEC	WHILE NOT WHILE	21e PLACE	OF INJURY REET FACTORY, OFFICE FA	RM ETC)	211 LOCATION STREET	CITY OF TO	WN	COUNTY	STATE		
	AT WORK AT WORK										
	22a I certify that (1) (this has		711	-4	1935	, to91/5	, 1	9 85	that (It (we last		
	saw the decease alive on 9 5, and that in (my (au) apinian death occurred on the date and haur and from the couses stated abave (1) we) (did) (did not) view the bady after death.										
1.0	226. SIGNATURE , DEGREE 226. DATE SIGNED										
	James Mackin MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D										
	27d. PHYSICIAN SNAME LIVE	OR PRINT)		CKE	22e ADDRESS	TOO. I DIE	1. 11 0	100	2001		
	JAMES,	MH CK	N MO		13401 MESI	IEKU NYE	WAST	706	200/5		
23a E	BURIAL, CREMATION, REMOVA	236 DATE	ember 23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE		
	(SPECIFY) Burial	20, 1	.985 Ft.		coln Cemetery	Brentwood	1		Maryland		
24. FI	UNERAL DIRECTOR Rober	t A. Pum	phrey Fun	eral	Homes, 250 DATE	REC'D. BY REGISTRAR	256. REGISTR	ARSSIGNAT	UREcause		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

P.A., Rockville, Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

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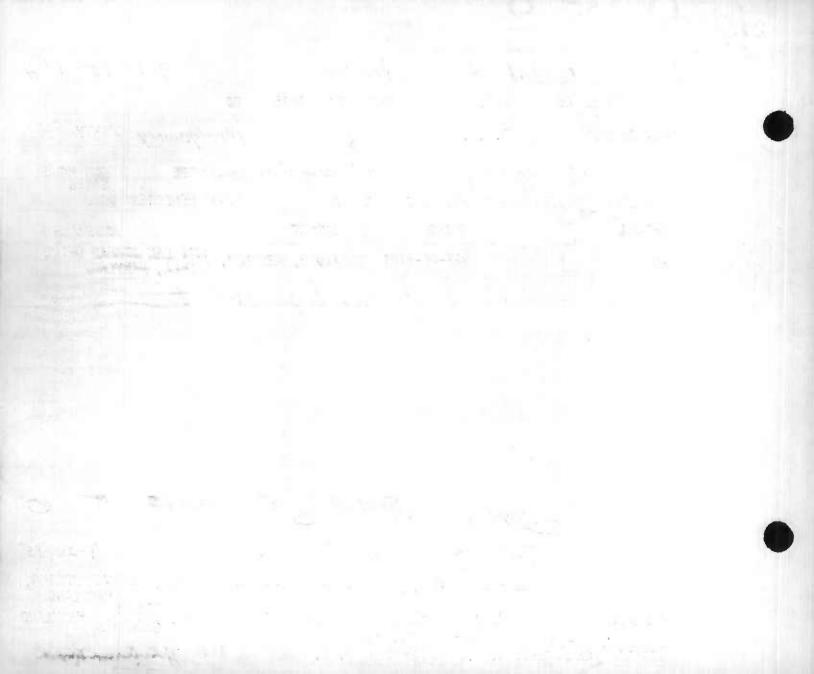
'	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	D.		
JIYP		Mildre	d A	Z IDDLE	Res				9-20	7-85	2b. HOURD
3 SE	× F EMA	LE 4 RA	WHITE		S. DATE C	18° 1975	6. AGE 111 70	I YEARS LAST BIR		ONTHS DAYS	HOURS MIN
NE	RTHPLACE (STATE OR I		u.s.A		WIDOWE	44	Mo	ntgoi	R COUNTY O	COUNTY	N
Si	lver Sprin	9 Un	I VEYSIT	Y Convales	Cent V	Nursing Hom	(TYPE OF WO	COCCUPATION FOR MOST OF	F WORKING LIFE	OWN	HOME
130.	AL RESIDENCE (IF NURS STATE RYLAND	13b COUNTY MONTGO		SILVER S	N	13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS 08 HON	ZIP COPE	2090 ROAD	16
	ATHER'S NAME MUEL PST	WIDDE	E	RAUCH		SOPHIE	IAME	MIDDLE		NUSSE	BAUM
160. V	MAS DECEASED EVER	IN U.S. ARMED I# YES, GIVE WAR		067-03-9		GERALD M. RE	ESSLER,	8419RE		TREAM 1 RYLAND	DRIVE
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only on AS CAUSED BY IMMEDIATE CA		CA of	B	wast c	med	aste	Tes		MATE INTERVAL ONSET AND DEATH
NO	Conditions, if ony, gove rise to improve (a), static underlying couse	which nediote g the lost.	(b) DUE TO, OR	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TER	RMIN AL DISEA	SE OR CON	DITION GIVE	N IN PART II	0
CERTIFICATION	190 DATE OF OPERA	ION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU	NO [7]		WERE FINDI	
MEDICAL CER	218, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI 214 INJURY OCCUR	CAUSE OF DEATH	21b. TIME OF HOUR A.M P.M 21e PLACE C	A. MONTH DA	19	216 HOW INJURY OCCU	JRRED (ENTER	CITY OF TO		RT (OR PART 2)	STATE
W	WHITE NOT WE AT WO	RK L		EI. FACTORY OFFICE F	ARM ETC)	SIREET		SPAT		o 81	
	sow the deceos obove, (1) (we) (c	ed almos	PPT K	ther death.	5 . or	id that in (my our opinio	n death occur	red on the de	ote and hour	ond from the	
	Si	all	12	80	SM	ATTENDING PHYSICIAN	MEDICA DIRECTO	L STAI	F IAN []		20 -85
	Walte	r God	1	M.D		2301 Sh	refie	ld P	r, s	ILVER .	SPRING,
	BURIAL, CREMATION, SEMATION	REMOVAL 23	9/20/			EMETERY OR CREMATORY	23d. LOC SUI	TLAND	PRIN	CEUNTY A	IARY L'ANI

DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DONALDOM STEIN HEBREW MEMORIAL TUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIN



	1.	FOR		DEPART		E OF MARYLAND EALTH AND MENTAL HY	GIENE 5	2 6	3 1 9
0000	1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	٥.	
9092		CEASED NAME	FIRST	MIDDLE	· ·	AST		MONTH DAY	YEAR 26. HOUR
deoth deoth	TITPE	J.	HANA	-	RE	YES	SEPTEMBE	R 17.	1985 10:53AN
g. 1	1. SE	X	4. RACE	1	S. DATE C		6. AGE (IN YEARS LAST BIRT	THDAY) IF U	NDER I YEAR IF UNDER 24 HRS.
1		FEMALE		ANICI	JUL		74	YRS.	
6 4/1		RTHPLACE (STATE OR FOR		WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH
129	EL	SALVADOR ITY OR TOWN OF DEATH		HOSPITAL NILIBS	WIDOWE	DE DIVORCED DE OTHER INSTITUTION	MONTGOM		DUNTY MD
TAS	V	_	(IF NOT IN SU	ICH FACILITY, GIVE STREE	T ADDRESS)		TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY
000	USU	VER SPRING	HOME OR OTHER INSTITUTION		HOSPI DE ADMISSION	TIFL	DOMEST	10	DOMESTIC-
185	13a.	STATE 13	. COUNTY	SILVER S	WN	13d. INSIDE CITY LIMITS?	1705 EAST-	where the	W#414 /2001
1		THERS NAME	ont gon ery	1314EK 3	PKING	15. MOTHER'S MAIDEN NA	AME	Mesi Hin	19 711 / 2091
100	1	FELIX	WIDDLE	REUE	<	PETRONI	MIDDLE	23 L	SORTO
9 .		VAS DECEASED EVER IN				17. INFORMANT	ADDRE		
1/		YES, NO OR UNKNOWN)	NONE	NONE	E	MARIO REYE	S (SON) SM	ME AS	ABOVE #13.
, #		18 CAUSE OF DEATH	Enter only one couse pe	er line far (a), (b), a	nd ic.	·			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
11		PART I. DEATH WAS	CAUSED BY:	CARR	IAC-	RESAIRAT	10 Rs AZ	8 E20	
the other				OR AS A CONSEQU	IENCE OF	- 1-1			The second
5 1		Conditions, if any, w	hich (b)	ASTNE	CE	REBRAL	HEMORR	HALE	
0 11		gove rise to immed cause (a), stating		DR AS A CONSEQU	JENCE OF	Transit .			
5 #			last.	JK A3 A CO 110L G	DI	APELET	7		
0.4	z	PART 2. OTHER SIGNIF	ICANT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110
9 1 7	CATION	19g. DATE OF OPERATIO	N 196 CONI	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDINGS USED
12	¥		400				YES THOSE	IN CERTIFYIN	G CAUSES OF DEATH?
25	18	210, ACCIDENT WAS UNDER		OF INJURY		21c. HOW INJURY OCCUP		_	
100	1	OR CONTRIBUTING CAU	SE OF DEATH	A.M. MONTH					
1/	S	(IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRED		OF INJURY	19	211 LOCATION			
3	M	WHILE NOT WHILE	(AT HOME, S	TREET, FACTORY OFFICE	FARM, ETC)	STREET	CITY OR TO	NN	COUNTY STATE
100		22a.1 certify that (I) (th		he deceased from	500	1 10 85	" SEDT	12 10	85 , that (1) (we) last
2 4		saw the deceased	alive an	19.	£5 , ar	nd that in (my) (aur) apinian	death accurred on the do	ate and haur an	
1.1		22b. SIGNATURE	(did nat) view the bad	y after death.		DEGREE			22c. DATE SIGNED
0 8		1 tond	- X -	0 1		ATTENDING	MEDICAL STAF	F	SEPT. 18, 1985
337	1	22d. PHYSICIAN'S NAM	(TYPE OR PRINT)	a a pr		22e ADDRESS	DIRECTOR PHYSIC	IAN [_]	
ORTAN		DO VEMO	ANNA SUR	HAVAA	AAN	7171 1000	Vamosilios :	1.11 #111	LANGLEY PAR
131	230	BURIAL, CREMATION, RE		HAKAR	NAME OF C	7676 NEW I	TAMPSHIRE I	1VE . 7/1	0 - WO' -
		SPECIFY)	Carl-	,		4 4	CITY OR TOWN	00000	DUNTY STATE
	24 F	UNERAL DIRECTOR	JETI!	20/85 W	ASHING		TE REC D. BY REGISTRAN	25b. REGISTRA	S SIGNATURE
M 4/82 4)		NAME	mas 14.	ADDRESS	0 500.	0.5	P 2 4 1095	· · ·	doon-Randale
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STATE OF MARYLAND 253076 REG. NO DECEASED NAME O DATE KNOWN X (TYPE OR PRINT) Earl King Rhodes DEATH MATED 85 4 RACE SEX & AGE (IN YEARS) IF UNDER 24 HRS 2c. DATE PRONOUNCED Male White Sep. DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED MICHIGAN Montgomery County DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 7412 Holy Avenue Takoma Park U. S. COAST EVARD-CRET. CAPTAIN. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO 1 7412 Holly Avenue, 20912 Montgomery Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FANNIE HOWARD RHODES 7. INFORMANT 6g. WAS DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO. HE YES GIVE WAR OR DATES PHOEBE S. RHODES - 7412 HOLLY + CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Acute myocardial disease IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which chronic myocardial disease. Years gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG None 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, EARM, ETC.) CITY OR TOWN WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Homicide death resulted from: Natural causes Suicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 9/5/85 MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, Md. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION COUNTY 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** 25V CALRON ST. N.W. D (VR AT5 ME (5))

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U. S. OIMS T. BURGH (ART)C. LUPPALING.

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DIVISION OF VITAL RECORDS	The h	045	CERTIFICATION	21g. ACCIDENT WAS UNDER	IVING [7]	b. TIME OF INJURY		Tale HOW IN III	IPV OCCUPRED	EN [] NOL	YES		NO 🗌
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BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

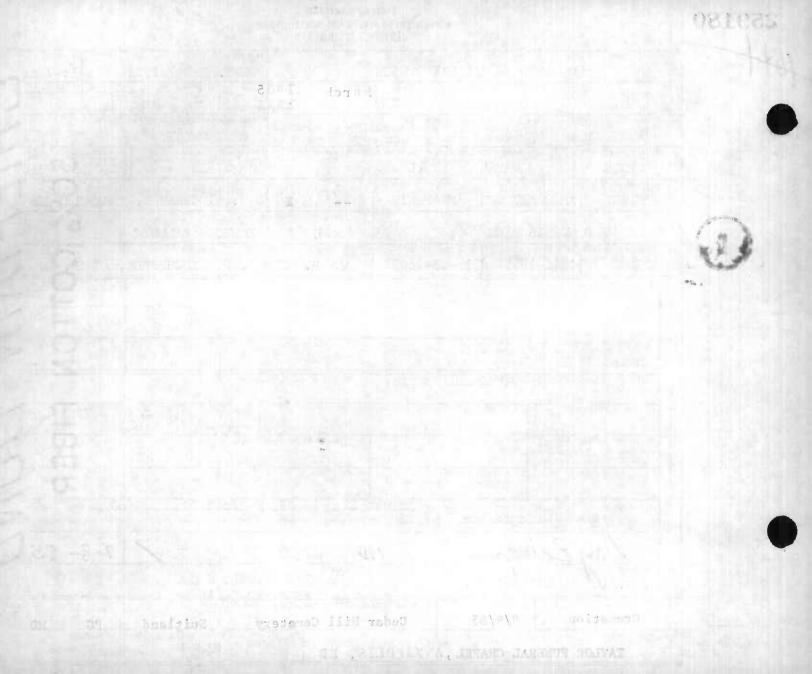
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	REGISTRAR				REG. N	0.		
	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
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3. SE	X	4 RACE	5. DATE C	March 190	5AGE (IN YEARS LAST BIR	(YADHT)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	₹77	9. BALTIMORE CITY		Y OF DEATH	1
	MARYLAND /	USA	WIDOWE		MONTGOME			MD.
1	BETHESDA	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, NAVAL HOSPITA	L ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT ETTER OF WORK FOR MOST OF RETTRED	ION DE WORKING LI	FEI INDUSTRY	AST GUAR
130	STATE 131 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY ARUNDEI ANNAPO	LIS	13d INSIDE CITY LIMITS?	3 S. WINCH	ZIP COD ESTER	, ANNAP	21401 OLIS MD
A F	ATHER'S NAME EDWARD NORR	IS RICH		ANNE	MIDDLE	ALDWI	N LAS	т
) 16a \		MED FORCES? 166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR	ESS		21401
1	YES UNKNOWN) 11942	-1965 215-05-0.	505	ANN H. RICI	H 3. S. WIN	CHEST	ER, ANN	AP. MD
CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last: PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	ENCE OF DEATH BUT		NINAL DISEASE OR CON	20b. IF YE	S, WERE FINDIN	√GS USED
RTIFIC					YES NO	YE	FYING CAUSES	OF DEATH?
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	220.1 certify that (I) (this hospi	September 7 19 19 view the body after death.	~=	£ 12 , 19_85 and that in (my) (aur) apinian	to <u>Sept 7</u> death accurred on the d	ate and hav		that (I) (we) last causes stated
4	Day Za	elogo_	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		9-8	3- 85
	G.ZALOGA, LO	CDR,MC USN		BETHESDA	PITAL, NMCN	CR		
230	BURIAL, CREMATION, REMOVAL (SPECIFY Cremation	236 DATE 23c. N		r Hill Cemete:	23d. LOCATION CITY OR TOWN Sui	tland	COUNTY	STATE MD
24 FI	UNERAL DIRECTOR NAME TAYLOR FUN	ERAL CHAPEL ADDRESS N		25a. DAT	P 1 3 1985	25b. REGIS		URE

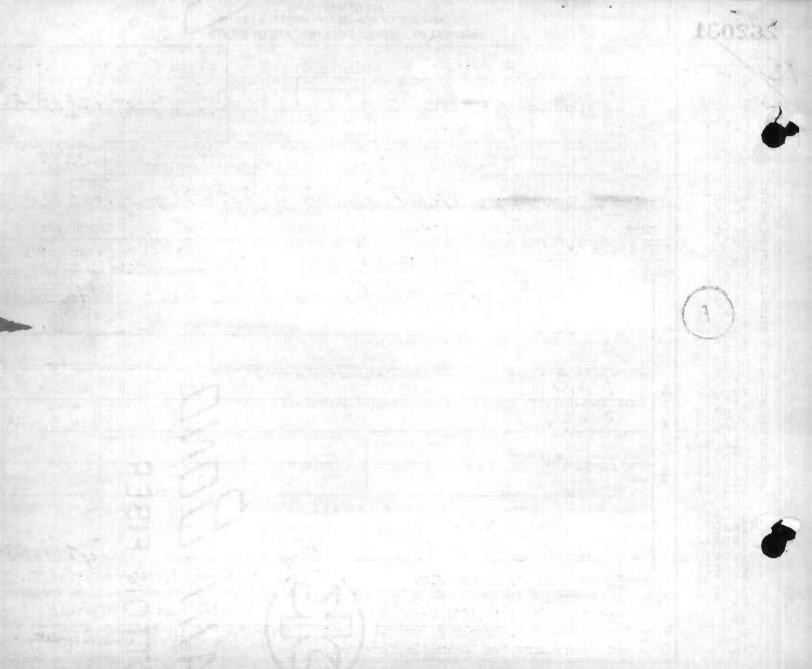
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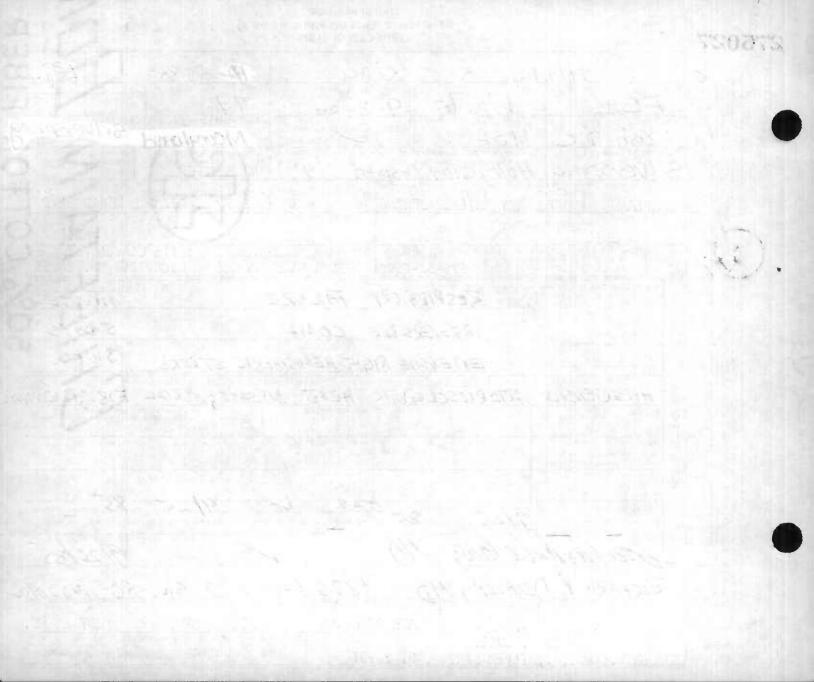


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN W MONTH (TYPE OR PRINT) OF ESTI-25 Scott DEATH MATED rara AGE IN YEARS IF UNDER TYRE IF UNDER 24 HRS 2c. DATE 1985 YEAR LAST BIRTHDAY) 728 PRONOUNCED DIRE 08 10 DEAD 10 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Iowa DIVORCED FILED, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION Attorney Self-emp. Choice Rd#702 Walker's 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery 18700 Walker' Maryland thersburg Choice Rd 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Scott Flora Rigby 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 1870@ssWalker's Choice Yes, no. or unknown) 7-22-6426 Marjorie Rigby Gaithersburg, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Ke spirator ~ arrest ardio IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Carcinoma gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a DATE OF OPERATION USED A 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? BUR YES NOV 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE WHILE AT WORK COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Accident Suicide Hamicide Undetermined manner TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH ACTUAL SIGNATURE B. STW SOLE MEDICAL EXAMINER EXAMINER'S NAME WISCONSIN Sus (TYPE OR PRINT) 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Removal Georgetown Washington, D.C. 120007 9-4-85 U. Med. Sch. BP. 07/84 ADDRES 235 MISSUUM AUE, NUSO DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) WASHINGTON, DC

75027	1.	FOR STATE REGISTRAR	DI	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	.,	2 . NO.	6 3 2	2 6
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r deoth. Poge 4 funeral director	7a. B	FCMALE RTHPLACE (STATE OR FOREIGN COUNTRY) WASh D.C ITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COULD A SA	MARRIEI	3-06 NEVER MARRIED	9 BALTIMORE CIT	GOMERY	OF DEATH	MD /
in 24 hours after y filled in by the should be filed w	13a M		HO//YCYC ROTHER INSTITUTION GIVE RESIDEN NTY 13c. CITY C	VE STREET ADDRESS) 10.55	YES NO X	HOUSEWIF	SS / ZIP CODE	E WORLD	2090
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ng physician ban paperi r removol		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (a)		FAILURE			APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
uires that the death igned by the ottendi en please remove cor burial, cremation, a	7	Canditions, if ony, which gove rise ta immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT		SECUENCE OF R		INAL DISEASE OR C	ONDITION GIVE		5.
The low requicion. Ite hos been so not permit. The reperment of the shows only in permit.	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	CLEROIS WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES		USED
uG PHYSICIAN: attending phys ter this certifica ss the burial-train hond Mentol Hy srked or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A WORK	HOUR A.M. MON		216. HOW INJURY OCCURR		R TOWN	COUNTY	STATE
AL OR ATTENDIN the hospital or AL DIRECTOR: At detached for use at Dept. of Heoli T: If them 21 is mo		22a 1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did no		_19_ 85 _, an	d that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	MEDICAL S	TAFF		
TO HOSPITAL retoined by th TO FUNERAL should be deter with the State IMPORTANT: I	23a. I	77d. PHYSICIAN'S NAME (TYPE OF THE PHYSICIAN'S NAME (TYPE OF THE PHYSICIAN) REMOVAL	DELANEY ,	40 1236. NAME OF C	#323 HAV	123d LOCATION	Sn,	SG M	0261X
BP DHMH - 16 60M 7/84	24 F	BURIAL JNERAL DIRECTO FRANCIS NAME	9/30/85 3 J. COLLINS AC	GATE O	F HEAVEN	SILVER	SPRING AR 256, REGISTR	MONT AR'S SIGNATURE	STATE MD.
(VRA 15, 4)	50	O UNIV. BLVD. W.	SILVER SPRI	NG, MD. 20	901	1 30 198) guna D	avidson-Aan	pane.



70038	1.	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 5 5	0.) 0	21
oge 3 deoth		CEASED NAME FIRST OR PRINT) WILLI	AM E.		RING, SR.	20 DATE OF DEATH	9 21		26 HOUR :
ge 4 may be ector page 15 ofter deal	3. SE		4 RACE AUCASIAN	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF I	UNDER TYEAR	HOURS MIN
neral dir.		RTHPLACE (STATE OR FOREIGN COUNTRY) SHINGTON, D.C.	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8. MARRIEI WIDOWE	XXNEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY O		٨
by the further defined with		LVER SPRING	11. NAME OF HOSPITAL, NU (IE NOT IN SUCH EACHITY GIVES 3651 SOUTH		E WORLD BLVD	TYPE OF WORK FOR MOST OF WRITER	ON OF WORKING LIFE)	N.C.W	.C. NEC
13	130 MA			SPRING	134 INSIDE CITY LIMITS?	13e.STREET: ADDRESS	LETSURE	E WORL	
all miles	50	TIMOTHY	RING*		MARY	MIGDLE		SWEE	
and the condition of th	16a N	VAS DECEASED EVER IN U.S. AF	CHARLES OF CAREE	09-9787	HILDA MARY		OCKVILI		
physicis in physicis in proper in court, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA		OV4SC	ULAR SHO	CK			MATE INTERVAL ONSET AND DEAT
death ce ove corb tion, or		Conditions, if any, which	DUE TO, OR AS A CONSE		INFARC	T		HOO	ues
by the cose remonstrated by the cose remonstrated by the cost of t		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	EQUENCE OF	POTIC HEAR	T DISE	SE	YE	+RS
equires n signed Then ple r to buric injury, o	NO	PART 2 OTHER SIGNIFICANT CHRONC R	EVAL FAL	LURE	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 1	0
he low roon. hos bee to permit. ene prio	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	YES NO	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	OF DEATH?
CLAN: T physici printicate cal-trans ntal Hyg em 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART	I OR PART 21	
G PHYS offending fer this g s the burn ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	FICE, FARM ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
TOR: Aft		220.1 certify that (1) (this hasp saw the deceased alive ar above_(1) (we) (did) (did no	ital) attended the deceased from	om	d that in (my) (our) opinion of	, todeath occurred on the de	21, 19 ote and hour a	nd from the	that (we) couses stated
the hosp the hosp at DIREC stacked the the Dept		22b SIGNATURE	Parelaya	Mal	REE	MEDICAL STAL	r.		SIGNED TO
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		22d PHYSICIAN'S NAME (TYPE O Richard P. Del			220 ADDRESS 4323 Havard	15 E S	Latte.	,	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b DATE 9/24/85	23c NAME OF C	EMETERY OR CREMATORY HFAUFN	23d LOCATION CITY OF TOWN SILVER S	PRING S	COUNTY	NT STATE
DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR FRANCE				E REC'D. BY REGISTRAR	25b. REGISTRA		URE

UNIV BLVD W. SILVER SPRING, MD. 20901

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE SEP 25 1985

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

9 21 35 Hatte 1400ES BUTTER FOR THE C

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	6	4		
	1 DECEASED NAME	FIRST	MIE	DDLE	L	AST	20 DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR		
		David	Mc	Kenzie	Ri	och	September	11.	1985	11:50AM		
	3. SEX	4	RACE		5. DATE O	· pariti	6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS		
	Male	C	aucasia	n	MONTH	6. 1900 YEAR	85	YRS	MONTHS DATS	HOURS MIN.		
7	A BIRTHPLACE (STATE OR FO			HAT COUNTRY?	8	37	9 BALTIMORE CITY O		Y OF DEATH	1		
ſ	India	11	nited S	tatos	WIDOWE	DI DIVORCED	Montgomery County.					
t	ID CITY OR TOWN OF DEAT						120 USUAL OCCUPATI			OF BURINESS OR		
	Bethesda Ch	1200	(IF NOT IN SUCH F	rrey Str	DDRESS)		Physician		(FE) INDUSTRY	reulca		
)		3b COUNTY Montg	(1:	ve residence before 30 CHY OR TOWN Betherda	h = = = 1	138 INSIDECITY LIMITS?	13e STREET ADDRESS / 5525 Surre			20815		
1	14 FATHER'S NAME	100				15 MOTHER'S MAIDEN NAM						
d	David	MID	DULE	Rioch		Minnie	WIDDIE		Hen1e	ST		
ī	160 WAS DECEASED EVER IN	US. ARME	D FORCES? 1	66 SOCIAL SECUE	RITY NO.	17. INFORMANT	ADDRE	SS	пепте	-у		
	(YES, NO OR UNKNOWN)	(IF YES, GIVE W		212-24-2	596	Mrs. Margaret	J. Rioch,	Wife.	Same	as #13		
	18 CAUSE OF DEATH PART I. DEATH WA	Enter only	one couse per lir	ne for 101, (b), and	IC1				APPRO BETWEEN	IMATE INTERVAL		
		MMEDIATE (CARDI	AC	ABREST			51	MIN		
	Conditions, if ony,		DUE TO, OR A	AS A CONSEQUE	NCE OF	SCLERONC	HEART	- DIS	ETISC 6	YEARS		
	gove rise to imme couse (0), stoting underlying couse	the *	DUE TO, OR A	AS A CONSEQUE	NCE OF							
					EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GI	VEN IN PART 1	Ia		
Z	9 41	4 bld h	1SEMI	2		29						
ŀ	190 DATE OF OPERATK	NC	195 CONDITIO	ON FOR WHICH (OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FIND IFYING CAUSE ES	INGS USED S OF DEATH?		
1	210 ACCIDENT WAS UNDER OR CONTRIBUTING CA	216. TIME OF I HOUR A.M. P.M.	MONTH DA	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)					
	214 IN ILIPY OCCURRE		21a PLACE OF	211 LOCATION								

220 I certify that (I) (this hospital) attended the deceased from

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OF TOWN

22c. DATE SIGNED 9.12.85

Harold M. Silver, M.D.

18th Street, N.W. Washington, D.C. 20009

230 BURIAL, CREMATION, REMOVAL Cremation

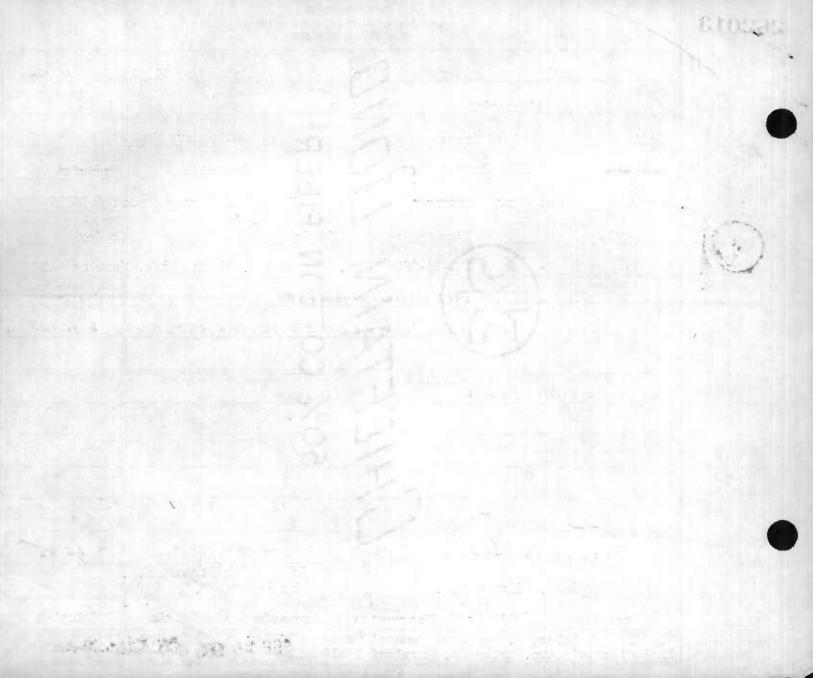
September

236 DATE 12, 1985 236 NAME OF CEMETERY OR CREMATORY Metropolitan . Crematory Alexandria

Virgina

DHMH - 16 60M 7/84 (VRA 15, 4)

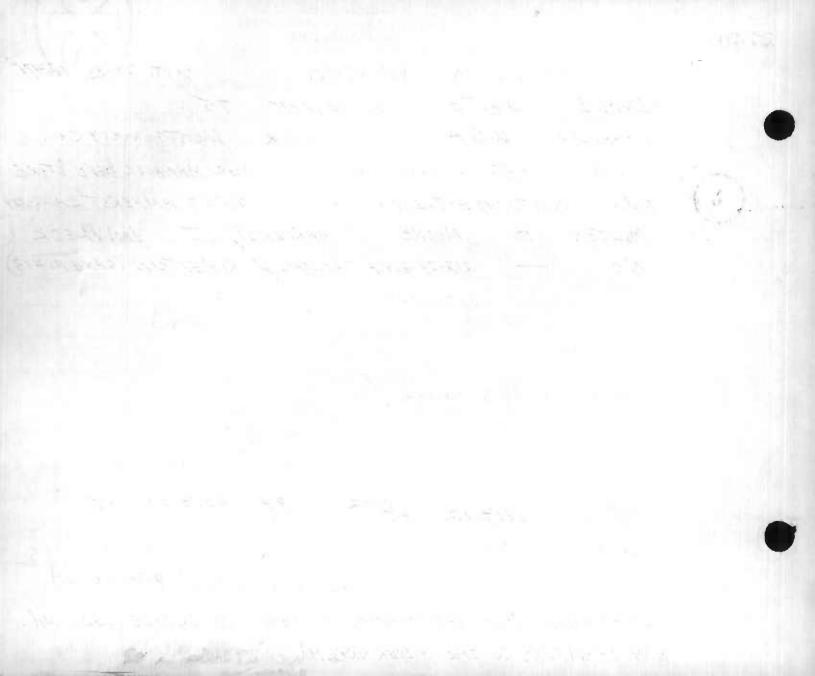
Robert A. Pumphrey Funeral Homes 7557 Wisconsin Ave. Bethesda, Maryland 20814



V. CHAMBERS CO. INC. SILVER SPRING!

DIVISION OF VIT

(VRA 15, 4)



								ARYLAND				41.8
2:	59026		FOR STATE		D	EPARTMENT O	HEALTH	AND MENTA	HYGENE	2	6 5	30
			REGISTRAR		MED	ICAL EXAMI	NER'S C	ERTIFICATE	OF DEATH	REG. NO	0.	
2			CEASED NAME	FIRST		WIODLE		LAST	20	DATE KNOWN	_	YEAR IZE HOUR
	ш	(TYP	E OR PRINT)	1- 1	1	1	1) / "		OF ESTI-	0 . 1	103
	EE EE EE	0.051	120	nhet	-	/		3017		DEATH MATED	epto	1907 A N
	SESE	3 SEX	4 RAC	E S DATE	H DAY	YEAR LAST BIRTH	DAY) MONTH		DER 24 HRS. 2c.	DATE DNOUNCED	VENTA DA	Y YEAR 25 HOLE
	NZ SER	1	11/	11 Jus	2. 7	29 56	YRS.	DATS HOURS	Wild Live	DEAD C	10+2	- 19FIN AM
5	STA X AL		RTHPLACE (STATE OR		IZEN OF WH		8	(50)-	9.6	ALTIMORE CITY C	COUNTYO	FDEATH
	品品の言語れ		REIGN COUNTRY)	N D	II C	7		ED NEVER MA	-	11 -		
	DELAY IS NECESSARY PLEASE TO THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS DS-201 W. PRESTON STREET.		VASHINGTO		U.S	TAL NURSING HOM	WIDOW		RCED LISUAL	OCCUPATION (TYPE	150	MCNY MD
	SESES!	10. C1	O	(IF N		ILITY, GIVE STREET ADDRESS		EK INSTITUTION	FOR MOST	OF WORKING LIFE)		KIND OF BUSINESS OR INDUSTRY
	PAR PAR PAR	10	1 1. VA	20 6	10 67	Cro.	1.8 /	14 8 B	PHYS	ICIAN	ME	EDICINE
	AND 3 TO RETAIN HOULD BE	USUA	L RESIDENCE (#	OME OR OTHER IN	NSTITUTION, ON	13c. CITY OR TOWN	SION)	had men or an and	LIA CYPES	ADDRESS	7	134961
21201	RETAIN SHOULD SHOULD RECORD	130. 5	1 1	AA	_	CC CONN	2~	13d. INSIDE ČITY LIMITS	? I3e STREET	ADDRESS 12	_	21/
	- 01 - 0	14.57	THER'S NAME	Mion		1011.0	19	IS MOTHER'S MA	1.51	# 10	2 1 3	2/1-2/1
MD.	SI. SI.	1.4.1	FIRST	MIDDLE		LAST	0	FIRST		MIDDLE	330	LAST
MORE			EDWARD			ROBIN		ALIC			ROE	BIN
W	FER PAGE	160 V	VAS DECEASED EVER	IN U.S. ARMED FOR	RCES?	16b. SOCIAL SECUR	ITY NO.	17 INFORMANT	3821 E	ONSAL	A. SSE	PG, MD.
5	5 0 5		NO	N/A		216-40-	8902			OBIN WI		-,
1	Divi			H (Enter anly ane co	nuse per line l							APPROXIMATE INTERVAL
[5]			PART I DEATH W	AS CAUSED BY:	oose per mie	De la la la la la la la la la la la la la					8	ETWEEN ONSET AND DEATH
/S.	VALER			IMMEDIATE CAUS		O Carp	1/1					
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0. 0.	A A A A A A A A A A A A A A A A A A A		Canditions, if a		(b)	CITAD	he o	-0-60-	nv			
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S,	N S S S S S S S S S S S S S S S S S S S		PART 2 OTHER SIGNIFICAN	TAUNOITIONS CONTRIBUT	TING TO DEATH B	10/10	MINAL DICEACE		773	100000	المالال	
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Ü	CRIAN AND THE CR	CERTIFICATION	100									
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Ě	SHOUL ORD "F CHIEF E USED TOF HI	E	0.2	-81	To	D/230	e,s	onha	anto	my to	1.0.1	YES NO NO
F	AEN BEN	1 %	210 EXTERNAL CAUS		216 TIME OF		21c. HC	OW INJURY OCCU	LED LENTER NATU	RE OF MUNRY IN ITEM 18	PART I OR PART 2)	
N	SHOUSE S		UNDERLYING CONTRIBUTING	OR CALISE OF DEATH	P.M.	MONTH DAY YE.	AK					
DIVISION OF VITAL RECORDS, 201 W. PRI	CERTIFICATE SHOULD BE EXECUTED WITH THE STANDING IN PENCIL IN PENCIL SEASONING SENDING IN PENCIL IN PENCIL SEASONING SENDING SEASONING SENDING	MEDICAL	214 INJURY OCCURE	RED	21e. PLACE O		211 1.00	CATION				
<u> </u>	SEE SEE	A	WHILE NOT AT WORK	WHILE -		DRY, FARM, ETC.)		TREET	Cr	TY OR TOWN	COUNTY	STATE
u	THIS C WARDI PAGE: TATE D		AT WORK AT W	ORK L								
	JATE, THIS CER CATE, WRITIN FORWARDED OR: PAGE 3 HE STATE DEF (ND, 21201 PR		22a certify that !	I took charge of the	remains desc	ribed abave, held an	Autaps	sy . Inspec	tion De	nquiry . on	id in my apiniar	
	A STOTE A		death resulted from				ouicide	Hamicide	1	ined monner .	o may opinio.	
	RYLE BE		dedili resulted from) Natural cause	5 6 36	Accident	oucide []		1	inea manner,		
	₩ ₩₩₩		ACTUAL /	11	0/1	>		TITLE (SPECIFY)			DATE,	2 ~12.00
	* FESSENT	1	SIGNATURE	-30	110	agen	M	D. 10 = p	MEDICA	LEXAMINER	SIGNED	DI 3/700
	SE A MON	1	EXAMMER'S NAME		0	-/		0				
	* CHE E	1	OR PRINT)					ADDRESS				
	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	730.8	JRIAL, CREMATION, R			23c. NAME OF C	EMETERY O	RCREMATORY	23d LOCA	TION	COUNTY	STATE
07/84		(5	BUR	RIAL 9-	4-85	B'NAI	ISRA	EL CEM.	CITTORIA	XON HIL	L KEM.	MD.
25M	BP	24. FI	JNERAL DIRECTOR	1170 RO	CKVIL				TE REC'D. BY RE		STRAR'S SIGN	
	DHMH - 17		ANZANSKY				VILLI		0 101	The die A	aridon 1	andelle
	(VR A15 ME (5))							JULI	- 7 134	7	-1-	A



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-	O	3	J	dia

REGISTRAR				CERTIF	CATE OF DEATH		REG. NO.			4
DECEASED NAM		* A	AIDDLE		NST .	20 DATE OF D	EATH M	ONTH D	AY YEAR	26 HOUR
	HUGH			RO	SS	SEPTE	MBER	28,	1985	6.15 P. M
3. SEX		4 RACE		5. DATE O		6. AGE (IN YEAR	S LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HRS
MALE		CAUCAS:	IAN	SEPT			91	YRS.	ONTHS DAYS	HOURS MIN.
OUNTRY	STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A D D IC (X VIEVER MARRIED	9. BALTIMORE	CITY OR	COUNTY	OF DEATH	
PENNSYL	VANTA	U.S.A		WIDOWE	///	MO	NTGOM	IERY		MD.
O CITY OR TOWN					R OTHER INSTITUTION	12a USUAL OC	F BUSINESS OR			
SANDY S	PRINGS	FRIEND	H FACILITY, GIVE STREET AT S NURSTNG	HOME		AGRICU	LTURE	SPEC	indu.s	S. DEPT OF
	E (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET AD	DDESS / 3	ZIR CODE	AGI	RICULTURE
MARVIA		GOMERY	SILVER S			3401	PARK	ER CI	REEK LA	NE 20906
14 FATHER'S NAM	E				15 MOTHER'S MAIDEN NA					
FIRST HUG		WIDDLE	ROSS		AGNES		MIDDLE		NE	ĹL
160 WAS DECEAS	ED EVER IN U.S. AR		16h SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDRES	S		
VES NO OR UNKN	IOWN) (IF YES GIV	WAR OR DATES)	215-38-6	717	MADELINE S	. ROSS	SAME	E AS	13	WIFE
Conditions, gave rise couse (ou underlying	if any, which to immediate, stating the cause last	D BY: TE CAUSE (a) DUE TO, OI (b) DUE TO, OF	R AS A CONSEQUEN	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE C		TION GIVE	109	IMATE INTERVAL ONSET AND DEATH
190 DATE OF	OPERATION	196 CONDI	TION FOR WHICH C	PERATION	N WAS PERFORMED	200 AUTOPS			WERE FINDING CAUSES	
OR CONTRACTOR	T WAS UNDERLYING TING CAUSE OF DEADLIFY MEDICAL EXAMINE	CIN .	M. MONTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY	IN ITEM 18 PA	RT I OR PART 2)	
THE EITHER NO. 214 INJURY WHILE AT WORK	NOT WHILE AT WORK	21e PLACE (OF INJURY BET FACTORY OFFICE, FAI	RM, ETC)	211 LOCATION STREET		TITY OR TOWN	_1	COUNTY	STATE
	that (I) (this hosp deceased alive an	01	deceased from	5 on	d that in (my) (and apinian	death accurred a	on the date	, 1 e and have		that (I) (wa) last causes stated

DIVISION OF VITAL RECORDS, 201 W. BP

BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR

should be detached with the State Dept.

MPORTANT: If He

ental Hygie

80

ROBERT MACON 230 BURIAL, CREMATION, REMOVAL

BURTAL

24 FUNERAL DIRECTOR

22e ADDRESS ROCKVILLE 231 NAME OF CEMETERY OR CREMATORY

PARKLAWN CEMETERY

DEGREE

MARYLAND

23d LOCATION ROCKVILLE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

MONT

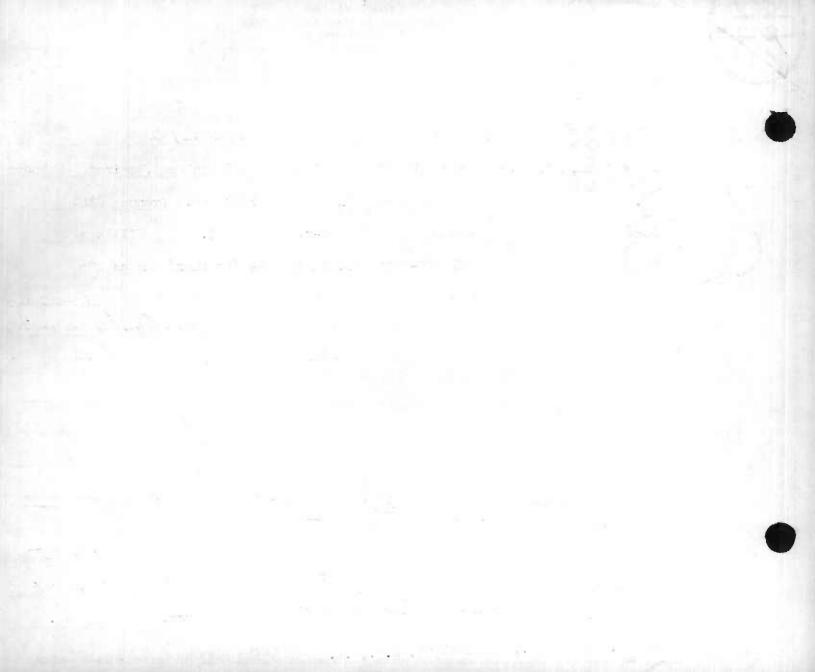
MD.

FRANCIS J. COLLINGRESS 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

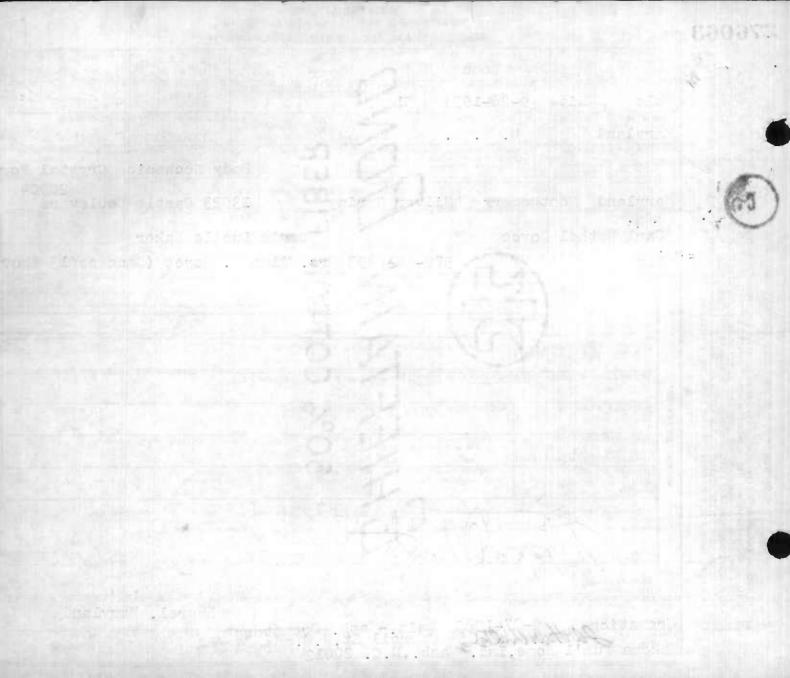
10/1/85

BX REGISTRAR 25b. REGISTRAR'S SIGNATURE

63059	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IEND 5	263	3 3
y be death	(TYP	CEASED NAME FIRST POR PRINT) Mae	k -	/	Rouse		9 9 1985	26. HOUR 4:25 M
ge 4 mo ector, p	3. SE	MALE	Black	5. DATE O		6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS	HOURS MIN.
nerol dir in 72 hou		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY 61 Montgomery		MD,
by the fune		akoma Park, Md	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Washington	E STREET ADDRESS)		12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Self Emplo		F BUSINESS OR Unknown
filled in hould be f	136.	ALRESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE JNTY 13c. CITY O	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 7520 Maple	ZIP CODE	1912
	14. F	ATHER'S NAME FIRST Jack	Rouse		15. MOTHER'S MAIDEN NAV	J.	Williams	
		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	L SECURITY NO. -40-2925	Mr. James Ro	addresuse/brother	/same as 13e	MATE INTERVAL ONSET AND DEATH
requires that the death cen signed by the attending or to burial, cremation, or y injury, or other traumatic	TION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT		ISEQUENCE OF SLOWING TO DEATH BUT				
The law stan.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION		YES NO P	206. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES [NGS USED OF DEATH?
(TENDING PHYSICIAN: The spital or attending physician CTOR: After this certificate h far use as the burial-transit of Health and Mental Hygier of Health and Mental Hygier 121 is marked or Item 18 shay.	MEDICAL CEI	21e. ACCIDENT WAS UNDERSTRING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINI AT WORK NOTIFY MEDICAL EXAMINI 22e. I certify that (I) (they have saw the deceased alive o above, (I) (Mark) (Edical) (did not obove, (I) (Mark) (Edical) (did not obove, (I) (Mark) (Edical) (did not obove, (I) (Mark) (Edical)) (did not obove, (I) (Mark) (Edical) (HOUR A.M. MONT P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY,	19 OFFICE, FARM, ETC.)	21c. HOW INJURY OCCURR 211 LOCATION STREET d that in (my) (my) opinion of	CITY OR TOV	VN COUNTY	STATE that (I) (sue) last couses stated
TO HOSPITAL OR 417 retained by the hospit TO FUNERAL DIRECTS should be detached to with the State Dept. of IMPORTANT: If Item 21		776. SIGNATURE Keden RW. 726. PHYSICIAN'S NAME (TYPE T.W. BRENN	Puller wal	id in	ATTENDING PHYSICIAN E	MEDICAL STAF DIRECTOR PHYSICI Interpretation	FAND 9.6	7.85 7.85 20903
BP	23a.	BURIAL, CREMATION, REMOVA (SPECIFY)Burial	9-14-85	23c. NAME OF CI Harmo	emetery or Crematory ny Memorial	23d LOCATION CHYOR TOWN Landove	COUNTY	Md .
HMH - 16 50M 4/83 (VRA 15, 4)		ohm T. Rhines	Co.,3015 12th	DRESS N F		E REC'D. BY REGISTRAR	Sh REGISTRAR'S SIGNAT	URE



21	76062	1 -	tems 19 FOR STATE	-22a 12/	11/85 me	DEPART	STA'		ARYLAN AND MI		YGIEN	6	2	6 3	3 -	à.
~	76063	1	REGISTRAR		M	EDICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	FDEA	TH	REG. NO).		
	K		CEASED NAME	FIRST		MIDDLE			AST			20. DATE KN	NWOP	HINOM	DAY YEAR	26 HOUR
•	25 4 5 5 E W	1111	E OR PKINI)	James	Lec	n		R	ovce			OF DEATH N	ESII:	9	26 19 85	
	A SHEDER	3. SEX	(4. RACE	S. DATE OF BIRT	Н	6. AGE (IN YE	ARS IF UNE	DER 1 YR.	IF UNDER	24 HRS	2c. DATE		HTMOM	DAY YEAR	2d HOUR
	NECESSARY, PIEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. OWITHIN 72 HOURS WIREGTON STREET.	1	ale	White	9-26-1		51 YE	MONTH	DAYS	HOURS	MIN	PRONOUNC DEAD	ED	9	26 1985	1:45
-	RAIL SESS		RTHPLACE IST		76. CITIZEN OF		ITRY?	8 MARRIE	D V NE	VER MARRIE	ED 🗆	9 BALTIMO	RE CITY OF	COUNT	Y OF DEATH	
	N S S S S S S S S S S S S S S S S S S S	Maryland U. S. A. Widowed Divorced Montgomery Coun							unty	MD						
-	A THE STATE OF THE	1	ilver S		11. NAME OF HO	FACILITY, GIVE S	RSING HOME STREET ADDRESS!		RINSTITU	TION	FOR A	AOST OF WORKIN	NG LIFE)		OR INDUS Crysta	TRY
1	A September	USUA	L RESIDENCE	IF IN NURSING HOME O	OR OTHER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISSIO	ONI			_			IC I		
(100	Ma	arylan	d Mont	gomery		ortown Lver S	prin	13d. INSIDE CI Leces 🗆	NO [130 STRE	P23 Ca	astle	e Bo	20 ulevar	904
1	14/1	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	NNAME	MIDD	OLE		LAST	
10	をおきなりし		Carl B	ethel R	ovce				Ве	ssie	Luc	cile I		2		
IMC	WASSEN /	16a. V	VAS DECEASED ES. NO. OR UNKNO COS	EVER IN U.S. AR	MED FORCES?		CIAL SECURITY		17. INFORA	MANT			ADDRESS		W= -	
BALT	S AFT GIVE		(es			579	9-48-8	493	Mrs.	Alm	a R.	. Roy	ce (S	Same	as#13	Abo.
+	S × 1 0 3	0	18 CAUSE OF	DEATH (Enter on ATH WAS CAUSE	lly ane cause per li								1777		APPROXIMA BETWEEN ONS	E INTERVAL
N N	A TO SERVICE THE		X X 7		TE CAUSE (a)		Acetam		en & (Codei	ne i	ntoxic	ation			
EST	NO AND AND AND AND AND AND AND AND AND AND		e 100		DUE TO, C	OR AS A CON	NSEQUENCE (OF .							N. Bay	
W.	E SASA		gave ris	s, if any, which e to immediate					- 1				1			
W 10	N PEN N PEN		cause (a) lying cau	stating the <u>under</u> - se last.	DUE TO, C	OR AS A COM	4SEQUENCE ()F	0							
8	AND AND		PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT BELL	TER TO THE TERM	INAL DICEACE	OR CONDITION	CIVEN IN 040	V 1					
00		Z			CONTRIBUTION TO BEX	THE BOT HOT REED	CIED TO THE TERM	MAT NICENSE	OK COMBILION	I BIFER IN PAR	1110					
-	L CREW	FICATION	19a. DATE OF	OPERATION	1%. CON	DITION FOR	WHICH OPER	ATION WA	AS PERFOR	MED?	_		-		20 AUTOPS	1?
T.	WED WED OF HE	1 ×													YES X	NO 🗆
7	SAN BANG	1 2		L CAUSE WAS	216. TIME	OF INJURY		21c HO	W INJURY	OCCURRED	DENTERN	NATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PAR		110
DIVISION OF	SHOOT STAN		UNDERLYING	Ø OR IG ☐ CAUSE OF I		M. 9/2	DAY YEAR	ir	ngeste	ed dru	ias					
/ISIC	ERTI ING ING SH PRIC PRIC	MEDICAL	216. INJURY O	CCURRED	71e PLAC	E OF INJURY	(AT HOME.	211. LOC	ATION	ou ou	290			Name I		
5	WRIT CARDING CO.	2	AT WORK	NOT WHILE	STREET, FA	ACTORY, FARM, E		139	REET Cas	stle F	29	Silver		coul	NTY 1F	STATE
	R. THIS GERTIFICATE SHOULD THE WARDED TO THE CHIEF R. PAGE 3 SHOULD BE USED B. PAGE 3 SHOULD BE USED B. 21201 PRIOR TO BE D. 21201 PRIOR TO BE USED			y that I look have	e of the successful	Name and Address	ive, held he	Autopsy		Inspection			7		Alika P	
201	NA CHAN		death resulte	150	rol couses	Jan Jones		cide .	Hamic			Inquiry L		d in my api	inian	
	ARE BEEN			///	- (/	11/1	1	cide La,	TITLE (SI		Ondere	muneo muni	ier,			
	A SOUTH A		ACTUAL (1/1/	work	144	MXM	M.			efuen	CALEXAMIN	ICD	DATE	9/27/	85
	DE SE SE		2.00	1			0					CALEXAMIN	ILK	SIGNEL		
	TO MEDICAL EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIS AFTER DEATH, W SANTIMORE, MAN		EXAMINER'S I	NAME	Thomas	D. Sm	ith, M	.D. A	DDRESS_	111	Penn	St.	Balto	.MD.		
	522548	23a.8	URIAL, CREMAT	ION, REMOVAL 2			NAME OF CEA								rland	7.75
07/84	BP/341)		ematic	mand	9-27419	85 5	307+ -	Wach	0		CHYC	waur	el,	marj	Tand	IAIT
25M	DHMH · 17	24. FI	INFRAI DIRECT	06///2014	1 111.000	OF IN A	WIL 0 8	i St	NW	PATER	ecro y 8 y	REGISTRAR 1005	256 REGIS	TRAR'S SI	GNATURE	
	(VR A15 ME (5))	Ta	koma I	un'l Ho	ome, Inc	Was	h.,D.	C. 20	0012	1001	7	1965	MILITARI	W. COST	Handell	-



MARYLAND 2120

DIVISION OF VITAL RECORDS, 2D1 W. PRESTON

FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

13	1	7	2	5
2	6	C	3	1
	1.0			

1985

YES [

NO [

22c. DATE SIGNED

Sept/24/85

IF UNDER 1 YEAR

26. HOUR

5:05

126. KIND OF BUSINESS

At Home

IF UNDER 24 HRS

REG. NO 20 DATE OF DEATH MONTH

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1	ON BUTTER BUTTER OF STATE OF
/	ent, the medical exominent arrows to think o
prior to buriof, cremotion, or removal.	aumatic eve
or to buriol, crer	The any injury, or other to
ental Hygiene pri	THE THE OWNER OF
š	51

poge 3 September 24 Sarn Anna 6 AGE LIN YEARS LAST BIRTHDAYS 3. SEX 4 RACE 5. DATE OF BIRTH 1913 Female Caucasian Ma BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED California USA WIDOWED Montgomery County DIVORCED [CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION Housewife (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Kensington Gardens Nursing Home Kensington DOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 131. COUNTY 136. CITY OR TOWN 13. STREET ADDRESS / ZIP CODE Road 13d INSIDE CITY LIMITS? Prince George Adelphi Maryland NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Unknown Unknown 17. INFORMANT Silver Spring. Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES GIVE WAR OR DATES) 78-12-22/1 Massino Sarni, Son, 8200 New Hampshire Ave... None - palmon ary arres 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o 2°CINOMATOSIS Conditions, if any, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS IFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? % CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM, ETC) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on nd that in (my) (aur) apinion death occurred on the date and have and from the causes stated DEGREE STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 11620 Kemp Mill Rd. Silver Spring. Dr. John J. Merendino, M.D. 231 NAME OF CEMETERY OR CREMATORY Cremation Sep. 25, 1985 Chambers Crematory Riverdale, P.G.Cty., Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

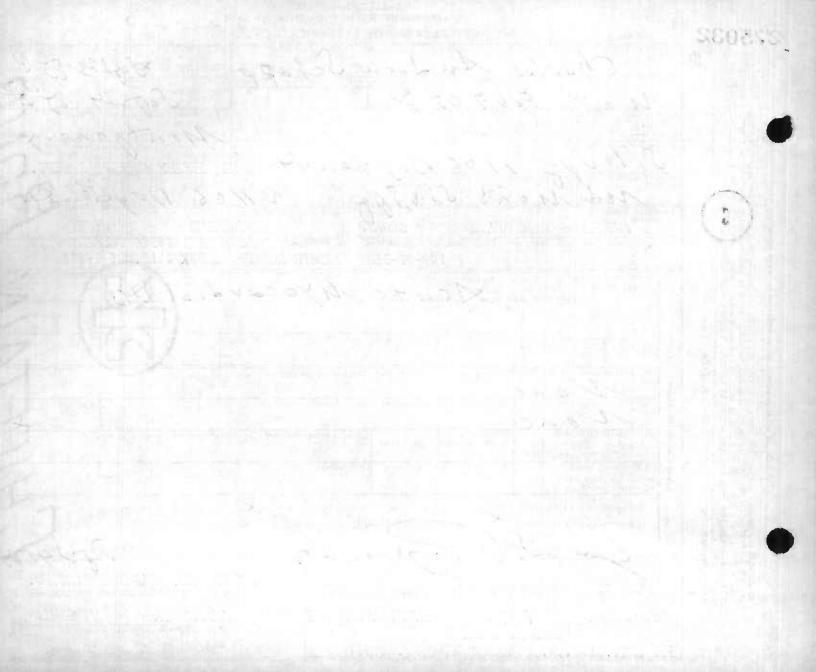
24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

W. CHAMBERS CO., 8655 Georgia Ave., S.S. Md. 20910SFD 75

			FOR STATE	DE	PARTMENT OF HEAL	TH AND MENTAL HYG	ENE 5 2 6) 5 5 /
27	5032		REGISTRAR	MEDI	CAL EXAMINER'S	CERTIFICATE OF D	EATH REG. NO.	
-~-	14		EASED NAME FIRST	, ,	AIDDLE	LAST		ONTH DAY YEAR 25 HOUR
	2000	1 "	Charl	at A.	n - Iven	dehan	OF ESTI-	1 1220 C4 P
	ESSARY, PLEASE FRAI DIRECTOR. DR YOUR FILES. THIN 72 HOURS RESTON STREET,	3. SEX	1. RACE	5. DATE OF BIRTH		UNDER I YR. IF UNIVER 2 H	RS. 2c DATE MC	H DAY YEAR 24 HOUS
	Y, P		1. W	ELL O	YEAR LAST BIRTHDAY) MI	ONTHS DAYS HOURS MIN	PRONOUNCED DEAD	114 00
Tele	A S S S S S S S S S S S S S S S S S S S	7n B1	RTHPLACE (STATE OR	76 CITIZEN OF WHA	T COUNTRY? 8		9 BALTIMORE CITY OR CO	DUNTY OF DEATH
	SE SE SE	FO	REIGN COUNTRY)	CAUCASTAN	MA	RRIED NEVER MARRIED		/
	IS NE FUN WAY		TY OR TOWN OF DEATH		,8	OWED XX DIVORCED	USUAL OCCUPATION (TYPE OF	30 maly My MD
	N HORE	10 C1	DI TOR TO DEAD	(IF NOT IN SUCH FACIL	TAL, NURSING HOME, OR (FOR MOST OF WORKING LIFE)	OR INDUSTRY
	2004	(10000	110	5 DVY d	en 14.	NEW JERSEY SHE	RIFF'S DEPT.
5	85 A 33	13a. S			RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS? 13e	STREET ADDRESS	20901
212	4 Z 2 Q 2		no h	1 mon	J'L-6 JDG	YES NO 1	106 112	y denath
AD.	Non Contract	14. F/	THER'S NAME FIRST	WIDDLE .	01	15. MOTHER'S MAIDEN N	AME /	/ V
E,	S & 2/2		ANDREW	CHARLES	SCHAPP	KA.	THERINE	HYATT
No.	O A GOOD		AS DECEASED EVER IN U.S. ARA		166. SOCIAL SECURITY NO.	17. INFORMANT	SON AD09529	DUBARRY DRIVE
BALTIMORE, MD. 21201	SS SS SS SS SS SS SS SS SS SS SS SS SS	(Y	S, NO, OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	149-07-5397	JOSEPH SCHAP	P BROOKVILLE. N	ND 20833
¥ .	JRS AFTER 3. GIVE PA WITH FOI I. PAGES- DIVISION	-	18 CAUSE OF DEATH (Enter anl	y one cours per line to				APPROXIMATE INTERVAL
ST.	J W	P	PART I DEATH WAS CAUSED	BY:	(a), (b), and (c).)	114000	V Liz (2)	
o N	NUTHIN 24 HO ENCIL IN ITEM I MINER ALONG TRANSIT PERMI NTAL HYGIENE, OR REMOVAL.		IMMEDIAT	E CAUSE (a)	A CONSEQUENCE OF	100/000	1211	6
TEST			Conditions, if any, which	DOE TO, OR AS	A CONSEGUENCE OF			
0.	NA TAIL		gave rise to immediate	(b)				
× ×	007.0	100	cause (a) stating the <u>under</u> - lying cause last	DUE TO, OR AS	A CONSEQUENCE OF			1 / 10
RECORDS, 201 W. PRESTON ST	O BE EXECUTED WITH ENDING" IN PENCIL WEDICAL EXAMINER AS A BURIAL- TRAN ALTH AND MENTAL CREMATION, OR RE	1010		(c)				
8		-	PART 2 OTHER SIGNIFICANT CONDITIONS C	DATRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL OF	EASE OR CONDITION GIVEN IN PART 1 to		
8	PEDDING PEDDIN	Ó		ve				
	75 0# : 4	13	190. DATE OF OPERATION	196. CONDITIO	N FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL	CERTIFICATE SHOU TING THE WORD " DED TO THE CHIEF 3 SHOULD BE USE DEPARTMENT OF H 1 PRIOR TO BURIAL	CERTIFICATION	Von	0/				YES NO NO
7	HE WO THE OULD BE TO BU	1 8	210. EXTERNAL CAUSE WAS	216. TIME OF IN	NJURY MONTH DAY YEAR	HOW INJURY OCCURRED (EN	NTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
N	SECON	13	UNDERLYING OR CONTRIBUTING CAUSE OF D		19			
1510	TING TING TING 3SH 3SH DEPA	MEDICAL	214 INJURY OCCURRED	21e PLACE OF	INJURY (AT HOME, 211.	LOCATION		
S	S & & Q = S	2	WHILE NOT WHILE C	STREET, FACTOR	Y, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	W - W -						h 🗆	
	EXAMINER: CERTIFICATE UDID BE FOR I, WITH THE S MARYLAND,		22a I certify that I took charge	af the remains descri	bed abave, held an Au	apsy L, Inspection	Inquiry L. and in	my opinion
-	ME BET E		death resulted from Noture	ol couses . A	codent L. Suicide	, Homicide Ur	ndetermined manner	
	EXA CERT JUD E DIRE WARY		ACTUAL / C	1000		TULESPECIFY		D)
	KERSE"		SIGNATURE	2.0	agen	20/29 1	MEDICAL EXAMINER S	1 ATE 1 24/90
	S S S S S S S S S S S S S S S S S S S	0	EXAMINER'S NAME TO UI	LO DACED		1010 CEN	ITALADY DO CTIU	ED CODING NO
	TO MEDICAL EXA EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER-PEATH, WI BALTMORE, MAR		(TYPE OR PRINT)	V S. ROGER	5	_ADDRESS_1919 SEM	IINARY RD., SILVI	ER SPRING, MU.
	5X45A4	23e. Bi	JRIAL, CREMATION, REMOVAL 2:		23c. NAME OF CEMETER		d. LOCATION CITY OR TOWN	COUNTY STATE
07/84	BP		cremation	9/25/85		AN CREMATORY	ALEXANDRIA	VIRGINIA
25M	DHMH - 17	24. FI	INERAL DIRECTOR FRANCI.	S J. COLLI	NS	25a. DATE REC'D	D. BY REGISTRAR 756. REGISTRA	AR'S SIGNATURE
	(VR A15 ME (5))		O LINTU RIVO W			1 SEP3	0 1005 Julia Novi	dans Bronda DO

STATE OF MARYLAND



FOR - STATE

REGISTRAR DECEASED NAME CTYPE OR PRINT

Female BIRTHPLACE (STATE New York

Maryland

No

ADELA:

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

12b. KIND OF BUSINESS OR

Fed. Gov't.

INDUSTRY

Hoffman

			REG. NO.		
FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
DE	E. S	CHLAUDECKER	September 21.	4:27P _M	
	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS
	White	April 11 1895	90 yrs.	MONTHS DAYS	HOURS MIN.
OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
	U.S.A.	WIDOWED DIVORCED	Montgomery C	ounty	MD

Bethesda Bethesda Carriage Hill

13b. COUNTY

Montgomery

13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 5215 Cedar Lane 20814

(TYPE OF WORK FOR MOST OF WORKING LIFE)

126 USUAL OCCUPATION

Attorney

15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Elizabeth Schlaudecker Eugene 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT

Bethesda

217-36-8275

ADDRESS Chevy Chase . Md. Julian H. Schlaudecker. 6408 Western Ave

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: WKC gove rise to immediate couse (a), stating months underlying cause

ATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
TIFIC			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	JRRED (ENTER MATURE OF INJUI	RY IN ITEM 18 PART T OR PART 2)

P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY

211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM ETC.)

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

CITY OR TOWN

	22a.1 certify that (1) Ithis haspita			_, 19_0, to	19_	, tho (1) (we)
1	sow the deceased alive on above (1) we) (did (did nat)	112	_19_35, and that in (my)	(our) opinion death accurred a	on the date and hour an	d from the causes states
J	above (1) (we) (did (did nat)	view the body ofter death				
-	MILE PRAIL PRINC		DECDEE			11. DATE CICALED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS Wisconsin Ave

230 BURIAL, CREMATION, REMOVAL Burial

NOT WHILE

9/27/1985

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

236 LOCATION FITTE

Penna COUNTY

STATE

STATE

DHMH - 16 50M 4/83

Jeseph Gawler's Sens Inc. 24 FUNERAL DIRECTOR 5130 Wisc. Ave., N.W. Wash. D.C. (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Gulia Davidson-Randava

COUNTY

BP

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3411 10	NA DELCTE	N 8188	1101 3	18 4 4	
	Trie en n.	.0	ts ond In	\$/27/19 ,Tesenh "Wler vo., J., Usa	urial

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

Ma	20
m(S	Profession .
	-
_	

REG. NO.

1	
15	
	,

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 60M 7/B4 (VRA 15, 4)

- 1		OR PRINT)	^	AIDDLE	1	A51	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	11116	ROGER	ALLE	EN :	SCHLI	CKELMAN	SEPTEMBER	1, 198	5	4:30p M
1	3 SEX	(4. RACE		5. DATE C		& AGE LIN YEARS LAST BIR		FUNDER TYEAR	IF UNDER 24 HRS
٦	N	MALE	CAUCASI	IAN	FEBR	UARY 9, 1941	44	YRS.	DATS DATS	HOURS MIN.
1		RTHPLACE STATE OR FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
4	IC	DWA	USA		WIDOWE		MONTGOMER	Y COUN	TY	MD
D	10 CT	TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON	126. KIND O	OF BUSINESS OR
1	BE	ETHESDA	NAVAL I	HOSPITAL	BETHE	SDA	RETIRED	F WORKING LIFE)	INDUSTRY US	N
4	13a S	AL RESIDENCE HE NURSING HOME OF		GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	als	THE
2	V	IRGINIA FAIR	RFAX	ALEXANDR	ÌΑ	YES X NO	600 LITTLE	ST.	22301	11/
10	14 FA	THER'S NAME	MIDDLE	LAST	4	15. MOTHER'S MAIDEN NAM	WIDDLE		LAS	
U	F	ERBERT HERMA		ICKELMAN		GERTRUDE	NMN	ROEP		A .
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 SUSAN OLIVE	SCHLICKELM	AN. 60	O LITTI	LE ST.
51	IY	YES (1960	1982	484-48-	7790	ALEXANDRIA,		, ,		- J. T.
		18 CAUSE OF DEATH (Enter o		line for (o), (b), one	l (c).				APPROXI-	IMATE INTERVAL
	W.	PART I. DEATH WAS CAUS	ED BY:	DENOCARC	INOMA	OF LUNG			9 mor	nths
		Conditions, if ony, which (b)								
		gove rise to immediate couse (a), stating the		ETO, OR AS A CONSEQUENCE OF						
		underlying couse lost.	(5)	(AS A CONSEGUE	NCE OF					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	0
	ON	COMPANY OF THE PARTY								
	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
4	TIFIC						YES NOT	YES	ING CAUSES	NO [
7	GE	210. ACCIDENT WAS UNDERLYING	216. TIME O		V VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART 2)	
7	AL.	OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA M	19	F-4-71-51-51-51				
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME STR	EET FACTORY OFFICE FA	ARM ETC)	STREET	CITY OR TO	V1V	LOUNIT	SIAIE
	165	22a I certify that (1) (this has	ital) attended the	e deceosed from	AUGUS	1 9 19 85	to SEPTEM	BER I	9 85	that (I) (we) lost
	00	sow the deceased alive of above, (Miwe) (did) (did n	SEPTEM	BER 1 19 8		nd that in (my) (our) opinion o	death occurred on the do	te and hour	and from the	couses stated
	17-	22b SIGNATURE	Or view the body	offer deoff.		DEGREE			22c. DATE	SIGNED
		1/1/1	Mile		/	70 ATTENDING PHYSICIAN	MEDICAL STAF		125	ept 85
\exists	000	220 PHYSICIAN'S NAME (TYPE				22e. ADDRESS	, Director Difference	iai (E)	10.	
		J.P.MEHEGAN L	T Mg, U	SN		NAVAL HOSPITA	AL, NMCNCR,	BETHE	SDA, MI	D 20814
	23a. B	JURIAL, CREMATION, REMOVA	DATE.	23t. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
		BURIAL	19/6/8	5 AR	LINGT	ON NATIONAL	ARLINGTO	N	V	IRGINIA

24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DEMAÎNE FUNERAL HOMES ALEXANDRIA, VIRGINIA 22314

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

26340

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.		
		CEASED NAME FIRST PROTECTION OF THE PROTECTION O	cy	Bett	Schu	rartz	2a DATE OF DEATH	MONTH DAY	3-85	26 HOUR /
	1. SE	*Temale	1. JACE	hite	5 DATE C	-27- 4-7	6 AGE IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
2	_	IRTHPLACE (STATE OR FOREIGN COUNTRY) ennsulvania	76. CITIZEN OF	WHAT COUNTRY	/? 8 MARRIEI WIDOWE	XXNEVER MARRIED DIVORCED	9 BALTIMORE CITY O	RCOUNTYO	F DEATH	M
V.	10 C	lver Spring	(IF NOT IN SUC	HOSPITAL, NURS	ET ADDRESS)	or other institution	120 USUAL OCCUPATION OF OF WORK FOR WOST OF HOUSEWILLE		26 KIND O NDUSTRY	F BUSINESS OR
2	130 S May	AL RESIDENCE (IF NURSING HOME O STATE 13b COU TYLAND MONT ATHER'S NAME FIRST	ROTHER INSTITUTION NTY	13c. CITY OR TO	ORE ADMISSION)	13d. INSIDE CITY LIMITS? YES XX NO 15. MOTHER'S MAIDEN NA	130 STREET ADDRESS		20%	902
ĕ.	Mar N	Bernard WAS DECEASED EVER IN U.S. AF	PANED EODOES	Lipse		Miriam 17 INFORMANT	ADDRE	22	Ai	zen
1	- (VE WAR OR DATES)	196-38-		Gilbert Schu			3)	
	NO	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT	(b) DUE TO, OI	R AS A CONSEO	UENCE OF	CORC		DITION GIVEN	N IN PART 110	1,5
1	CERTIFICATION	90 DATE OF OPERATION	19b COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYI YES	WERE FINDIN NG CAUSES	OF DEATH?
7	MEDICAL CER	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did no	21e. PLACE (AT HOME STR	M. MONTH M. OF INJURY REEL, FACTORY, OFFICE the deceosed from 19.	8 H	22e ADDRESS	RED (ENTER NATURE OF INJU	WN //3 , 19 ofe and hour of	COUNTY	SIGNED
	23a. E	BURIAL, CREMATION, REMOVAL	236 DATE 9/15/1		NAME OF CI	EMETERY OR CREMATORY David	Bensalem	. Bud	CRS.	Pa. STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

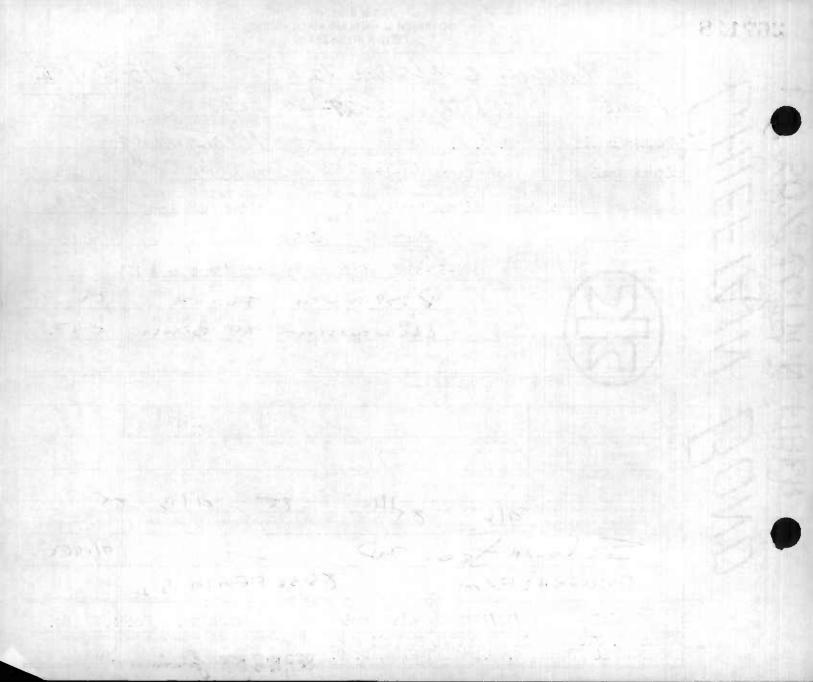
DONALDOM: STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

Bensalem,

Bucks,

Pa. STAT

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



FOR - STATE

REGISTRAR DECEASED NAME (TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 5

CERTIFICATE OF DEATH

				1				
	REG. NO.			- Del				
	20 DATE OF DEATH MONTH DAY	2	YEAR	2h HOL	JR O			
	9 %	2	85	9.	AN			
		_	ER I YEAR	IF UNDER				
1	7.3 YRS MO	NINS	DAYS	HOURS	MIN.			
	9 BALTIMORE CITY OR COUNTY O	F DE	ATH					
K	Montgomery Count	СУ			ME			
7	120 USUAL OCCUPATION		KINDO	F BUSINI	ESS OR			
1	(TYPE OF WORK FOR MOST OF WORKING LIFE)	IND	DUSTRY					
1	Plumber		unk	nown	1			
TS?	13e STREET ADDRESS / ZIP CODE 7937 15th Avenu	e	ol	07	83			
NNA	·-							
ta	Snov	W	LAST					
	ADDRESS							
111	e S. Hodge/daught	er	/707	Rox	bor			
PI,	N.W.		APPROXI	NATE INTE	RVAL			
1	1 Forlund							
- 0	1							
al	une							

Triangle

3. SEX 5 DATE OF BIRTH Ta. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Washington. D. C. USA WIDOWED B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Takoma Park, Md. Washington Adventist Hospita USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 136. INSIDE CITY LIMI Adelphi Md. YES K NOF 14 FATHER'S NAME 15. MOTHER'S MAIDE MIDDLE Phillip Alber Scott In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Yes 577-09-1756 Mrs. Luc 18 CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ION GIVEN IN PART 110 190 DATE OF OPERATION IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORD IN CERTIFYING CAUSES OF DEATH? YES [NO F 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 9 saw the deceased alive an . and that in (my) (aur) apinion death occurred on the date and hour and Iram the causes stated 22b. SIGNATEUR DEGREE PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME WIFE OFFE 22e ADDRESS I homas 9-18-85 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23c NAME OF CEMETERY OR CREMATORY Quantico National

John T. Rhines Co., 3015 12th St. N.E., D.C. 20017 SFP

DHMH - 16 60M 7/B4 (VRA 15, 4)

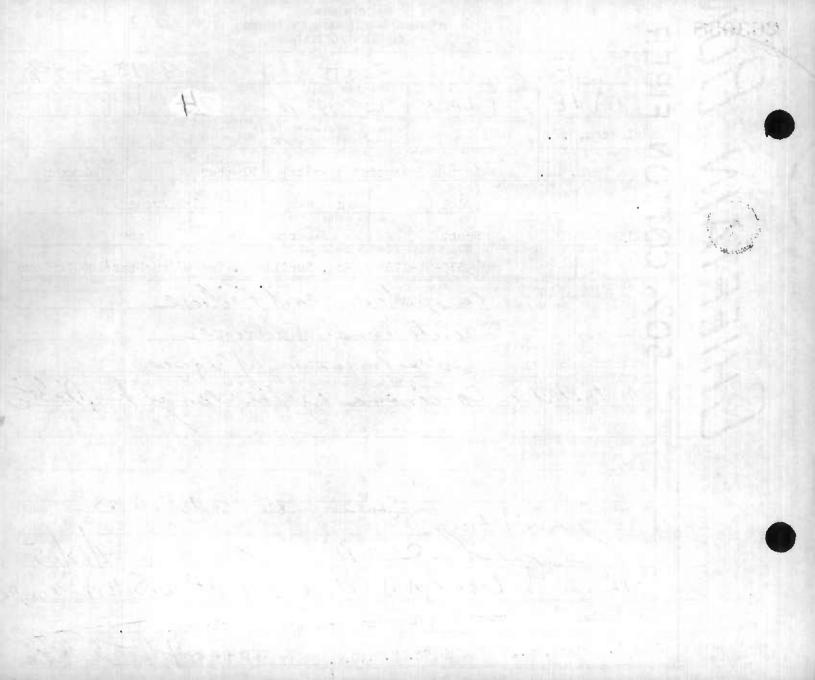
24 FUNERAL DIRECTOR

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DIVISION OF VITAL RECURDS, 201 W. PRESTON ST., BALLIMORE, MARKLAND			-3
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

- 1		REGISTRAR				REG. NC				
		CEASED NAME FIRST GRACE	MIDDLE	SECK	LER	SEPTEMBER	26.	1985	12:58PM	
	3. SEX		4 RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
1	FE	MALE	WHITE	AUGU:	ST 73, 1922	63	YRS	MONTHS DAYS	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNT	Y OF DEATH		
		W YORK	u.s.A.	WIDOWE	DXX DIVORCED	MONTGOMERY			MD.	
0	16"	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 		OR OTHER INSTITUTION	12a USUAL OCCUPATION			F BUSINESS OR	
8		LVER SPRING	HOLY CROSS HOSP			OFFICE MAN	AGER	u.s.	GOV'T.	
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN ARYLAND MONT		N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2003 GEORG			7902	
1	14 FA	THER'S NAME	OUMLRY DILVER SI	KING	15. MOTHER'S MAIDEN NA	ME GEORG	LAN			
	LO	UIS FIRST	MIDDLE LAFFIN		MINNIE	WIDDLE		L:A	\FFIN	
		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU		ROBERT L. SEC	CKLER. 2238	QUAT	L HOLLOW GEORGIA	DRIVE	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), one		~~~~			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH	
			TE CAUSE (o)	0	uncer					
		DUE TO, OR AS A CONSEQUENCE OF								
		Conditions, if ony, which gove rise to immediate couse (a), stating the DUFTO OR AS A CONSEQUENCE OF								
		couse (o), storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF								
	201	PART 2. OTHER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	NOI	metasta	the spread	, 0]	Cancer 7	D LIVER				
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IM CERT	ES, WERE FINDIN IFYING CAUSES ES []		
1	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART T OR PART ?)		
	DIC	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE OF INJURY	-	211. LOCATION			COUNTY	STATE	
	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TOV	VN.	COUNTY	STATE	
			tol) attended the deceased from	14	19	to		19 43	that(I) (we) lost	
		sow the deceased once on obove (I) (we) (did vidid no) view the body ofter leath.	5 . 01	nd that in (my) (our) opinion	death occurred on the da	te and ha	ui and from the	couses stated	
		27b. SIGNATURE	1110		DEGREE			22c. DATE	SIGNED	
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 19/26							0/85	
		DEL GOD)21+		4701 KANDU	WH B X	DCK	ville 1	N)	
	23a. B	SURIAL, CREMATION, REMOVAL	23b. DATE 23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	PRIN	CEOUNTY	STATE	
	_	CREMATION			HILL CREMATORS	SUITLAND	GEO	RGE'S A	MARYLAND	
			HEBREW MEMORIAL 1		IL HUML	E REC'D. BY REGISTRAR	PSb. REGIS	TRAR'S SIGNAT	URE	
	23	2 CARROLL STREE	T. N. W. WASHIN	IGTON.	D. C. SEP 3	94	with	Marin Shak	-	

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: IF

Cora page . . .

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE. MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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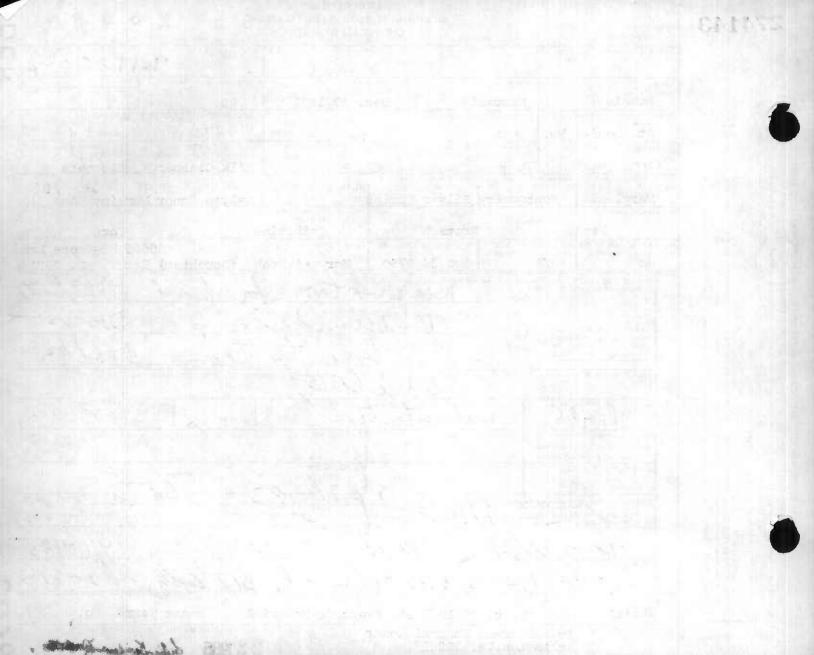
	REGISTRAR						REG. NO.			
	DECEASED NAME	NIA		MIDDLE	55	SAL	20 DATE OF DEATH MONTH	19	YEAR 8C-	26 HOUR
3	3. SEX		4 RACE		S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UP	DER I YEAR	IF UNDER 24 MRS
	Female		1	Uhite	Jan		79	MON1	HS DATS	HOURS MIN,
7	OUNTRY)	DREIGN	76. CITIZEN OF	WHAT COUNTR'	Y? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO			
	Russia		U.S.	Α.	WIDOWE		MonTGO	MEI	sh (CO MD
	SIWEL SPR	0	11. NAME OF I	HOSPITAL, NURS		HOSPITAL	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Homemaker		26 KIND ON NOUSTRY	F BUSINESS OR
ď.	USUAL RESIDENCE (# NURSI 13a STATE Maryland	136 COUN		136. CITY OR TO Silver	WN 1	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP 1400 Fenwick		, #20	6 (2091
1	4 FATHER'S NAME FIRST Louis		MIDDLE	Shainis		15. MOTHER'S MAIDEN NAM Bertha	WIDD1E	R	o th ma	'n
T	(YES NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRESS		2085	
L	NO			579-52-	-6972	Neil Segal; S	on;7741 Laurel	Lea	f Dri	ve;Pota
	PART 2 OTHER SIGN PART 2 OTHER	IFICANT C	enditions <u>co</u>	re Ca	DEATHBUT	NOT RELATED TO THE TERM VOSCULAR N WAS PERFORMED	_ JAK	JEYES, WE	RE FINDIN	IGS USED OF DEATH?
	OR CONTRIBUTING TO	AUSE OF DEA	TH HOUR A.	M. MONTH		21¢ HOW INJURY OCCURR	YES NO PORTER NATURE OF INJURY IN ITE	M IB PART I	OR PART 2)	NO []
	WHILE AT WORK AT WORK	ED	21e PLACE		E FARM, ETC)	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	22a.1 certify that (1) (saw the decease abave, (1) (we) (d				-19 8 an	d that in (my) (aur) apinian a	, to	d havi and		that (I) (we) last causes stated
	22b. SIGNATUR	1	00	h	e		MEDICAL STAFF		9/	20/85
	224 PHYSIGIAN PNA	to	cke,	111/	n.D.	22e ADDRESS \$58	o second	A	D:	20910
2	Burial, CREMATION, R (SPECIFY) Burial	REMOVAL	9/22/			anon Cemetery	Adelphi; P.G	. : M	ryla	nd state

1170 Rockville Pike; Rockville, Md. 20852

DHMH - 16 60M 7/84

(VRA 15, 4)

274143	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENS 5 2 6 3 4 4
ge 4 moy be ector page 3 is offer death.	DECEASED NAME FRSS (IVE OR PRINT) LSEX Female	4. RACE Caucasian	5. Date of Birth MONTH DAY YEAR Dec. 27,1891	ODATE OF DEATH MONTH DAY YEAR 26 HOUR PAR AM AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 23 HRS MONTHS DAYS HOURS MIN.
zoi nr after death. Po try the funeral dir filed - ethn 72 hou	96. BIRTHPLACE (STATE OR FOREIGN COUNTRY) St. Louis, Me 18 LITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN UF NOT IN SUCH FACTORY, GIVE STREET	repital.	9. BALTIMORE CITY OR COUNTY OF DEATH Nontoney Ounty MD. 120
MARYLAND 21 find -ithin 24 ha completel filled is hald 2 should ha	Maryland 1 Maryland 1 Maryland First Frank	ME OR OTHER INSTITUTION ONE RESIDENCE BEFORE COUNTY 13c. CITY OR TOW Montgomery Silver & MODEE Kretsch	N 13d. INSIDE CITY LIMITS? Spring YES NO 3 15. MOTHER'S MAIDEN NA FIRST Catheria	ne Ford
N)	No 1	S. ARMED FORCES? (S. GIVE WAR OR DATES) N/A 16b. SOCIAL SECU 500 34 8	3750 Mary Hishme	ah (Daughter) Beth., MD. 20814
OF VITAL RECORDS, 201 W. PRESTON ST. CLAN. The low requires that the death certification of the affection of defending post-refused by the affection of defending post-refused price to the places refused corbanity and hygerer price to burial, cremotion, or remain 18 hapes price to injury, or other trainmatic evention.	Conditions, if any, whice gave rise to immediat cause (a), starting the underlying cause last	DUE TO, OR AS A CONCEDUR	nce of nextre	AINAL DISEASE OR CONDITION GIVEN IN PART Tra- 200: AUTOPSY? YES NO CERTIFYING CAUSES OF DEATH? YES NO NO
OSPITAL OR ATTENDING PHYSICIAN 1 Med by the hospital or attending physic UNERAL DIRECTOR when the certificate file use on the burieful can file State Dept of Health and Membrial mag REANT if them 21 is monked or term 18th.	OF CONTERBUTING CAMERA 16 ETHER MOTEY ASDEAN EXA 16 MAJERY OCCURRED WHAT AT WORK AT WORK 17 L certify that (1) Sebara Sow the discovered alie	P.M. MONTH DATE OF PLACE OF INJURY 1AT HOME SHEET, FACTORY, OFFICE, I DO ON THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER	AMALECT TO THAT IN (MY) (QUE OPENION DEGREE ATTENDING PHYSICIAN TO ADQUESS	CETY OF FOWN COUNTY STATE TO THOSE OF THE COUNTY STATE THOSE OF THE COUNTY STATE THOSE OF THE COUNTY STATE THOSE OF THE COUNTY STATE THOSE OF THE COUNTY STATE THE COUNT
D	23s BURIAL CREMATION, REMO	Sept. 20,1985 S	AME OF CEMETERY OF CREMATORY St. Francois Memor:	BONNE TERE'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	NAME IV	es-Pearson Funeral		2 3 1095



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

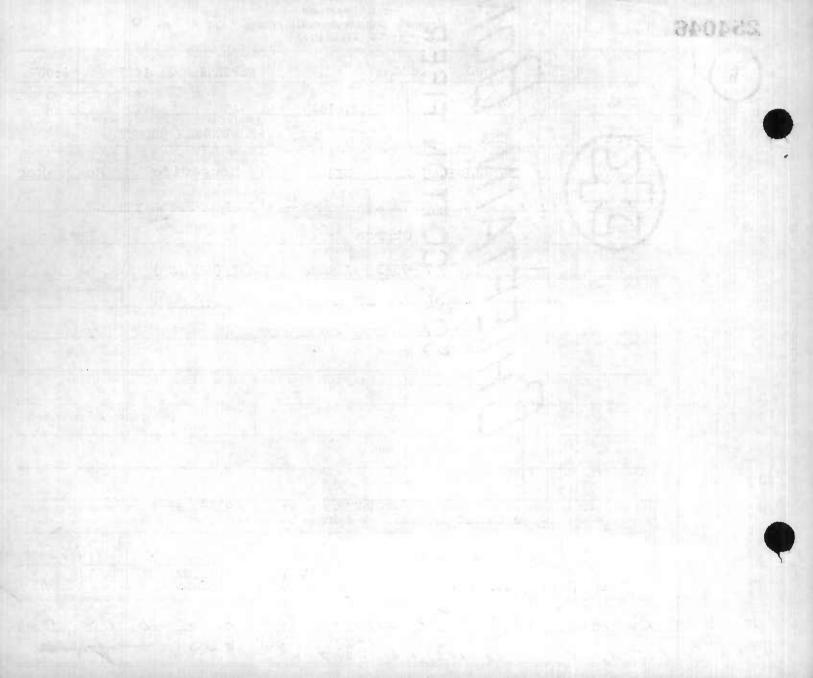
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16	FOR STATE REGISTRAR	STATE STATE		FICATE OF DEATH	REG. NO.	263	4 5
	DECEASED NAME FIRS			IAST	20 DATE OF DEATH MO	ONTH DAY YEAR	2b HOUR
	E	LHAM ALY	SHALABY	7	SEPTEMBER 4	, 1985	4:00 ^A M
1	SEX	4 RACE	5. DATE C		6 AGE IN YEARS LAST BIRTHE	IF UNDER I YEA	AR IF UNDER 24 HRS
	FEMALE	OTHER	MAY		45	YRS DAT	5 HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGH	76 CITIZEN OF WHAT COU	NTRY? 8		9 BALTIMORE CITY OR		1 1
	Egypt	USA	MARRIE	D NEVER MARRIED DIVORCED	MONTGOMERY	COUNTY	
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	JURSING HOME C		12a USUAL OCCUPATION	12b KINE	MD. OF BUSINESS OR
0	BETHESDA	(IF NOT IN SUCH FACILITY, GIVE			TI ON TO THE TENT		
U.	SUAL RESIDENCE (IF NURSING AC	THE CLINICA	E BEFORE ADMISSION)	R. NIH	Housewit	re I Ho	omemaker
2	MARYLAND	P.G. ISC. CITY O	GE PARK	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / Z		140
14	FATHER'S NAME	MIDDLE	57	15. MOTHER'S MAIDEN NA	ME		
1	A1y		Othma		MIDDLE	I	Fatima
2 16	WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS		
	no		70-7543	IBRAHIM SHA	LABY (HUSBAN		S ABOVE
	18 CAUSE OF DEATH Ent	ter only one couse per line for (a),		RY ARREST		APPRO BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
	IMME						
N.C.	Conditions, if ony, whice gove rise to immediate couse to, starting the underlying cause los		TEARS				
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	TION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY? 2	OL IF YES, WERE FIND N CERTIFYING CAUSE YES [7]	DINGS USED ES OF DEATH?
MEDICAL CER	OR CONTRIBUTION CONTRA	DF DEATH HOUR A.M. MONTI	H DAY YEAR	21c HOW INJURY OCCUR	two two		
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify tha KX (this I sow the decesed aliv above, X (we) telid) (d	nospital) attended the deceased to see September 4.	. 19 <u>. 85</u> . on	id that in XX (our) apinion o	to September	and hour and from th	
_	274 PHYSICIANS NAME	Inhon a		ATTENDING PHYSICIAN		NX 91	4/85
	S.A. Fu	HRMAN, MD			AL INSTITUTES TER, BETHESDA	S OF HEALT A, MARYLAN	H D 20205
	BURIAL, CREMATION, REMO	9-5-85		EMETERY OR CREMATORY	21/20-001-0		STATE D.
24	FUNERAL DIRECTOR FLECKF. H.	LEUREL	PRESS IND.	Pe. HD. 15. SE	PEC'D BY REGISTRAR 256	REGISTRAR'S SIGNA	ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

MPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medical TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.				
DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR.
Sept. 4, 1985			5.5	1
AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
87	MONIHS	DAYS	HOURS	MIN.

Female TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

FIRST

Ella

4 RACE White 5. DATE OF BIRTH Feb. 18, 1898

Shanabrook

9 BALTIMORE CITY OR COUNTY OF DEATH

Montgomery

W. Virginia IN CITY OR TOWN OF DEATH

U.S.A.

AND DIE

Myrtle

MARRIED NEVER MARRIED WIDOWED DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12n USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife 126 KIND OF BUSINESS OR Home

Wheaton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Maryland

- STATE

TYPE OR PRINTS

REGISTRAR DECEASED NAME

Montgomery

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY:

Rockville

University Nursing Home

NOF 15 MOTHER'S MAIDEN NAME

Marget

213 Blandford Street 20850

14 FATHER'S NAME Andrew

Gess

16h SOCIAL SECURITY NO 17 INFORMANT

ADDRESS

Frye LAST

20h IF YES, WERE FINDINGS USED

60 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES! No

579-22-6550

Florence E. Carter same as 13e

Conditions, if any, which gave rise to immediate cause (a), stating the

CACHEKIA AND DEGIONATION Aboptos nellice

DNO ANONEYCA

underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART TIG

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

YEAR

IN CERTIFYING CAUSES OF DEATH? NOK NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY

27s. I certify that (I) (this hospital) offersied the desposed from

TH LOCATION 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)

DOUNTH

nd that in (my (aur) opinion death occurred on the date and haur and from the causes stated

STATE

STATE

PHYSICIAN DIRECTOR | PHYSICIAN |

230 BURIAL CREMATION, REMOVAL Burial

9/6/85

Cedar Hill Cemetery

Suitland, Maryland

74 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rock ville Pike, Rockville, Md. 20852

DHMH - 16 60M 7/84 (VRA 15, 4)

ORTANT

- STATE

STATE OF MARYLAND

12b. KIND OF BUSINESS OR

INDUSTRY

REGISTRAR				CERTIFIC	AIE UF	JEATH	REG.	NO.			e 33	
DECEASED NAME	FIRST		MIDDLE LAST			20. DATE OF DEATH MONTH DAY YEAR 28			26 HOU	26 HOUR		
(TYPE OR PRINT)	Blanch	ne e	A.	She	ehan		Septemb	er 22	. 1	985	10:	1
SEX		4 RACE		5. DATE OF E	BIRTH		6 AGE (IN YEARS LAST			RIYEAR	IF UNDER	
Female		Caucasian		Oct. 22, 1900		1900	84 YRS		MONTHS	DAYS	HOURS	A
BIRTHPLACE (STATE OF FOREIGN		76 CITIZEN OF W	VHAT COUNTRY?	8 MARRIED [NEVER	MARRIED T	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

United States WIDOWED X Kansas Montgomery County NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE

Fairland Nursing Silver Spring Homemaker Home Own Home 20814 4521 East West Highway Bethesda Maryland Montgomery

4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME L'Ecuyer Emil Delia Senez 166 SOCIAL SECURITY NO 17 INFORMANT ADDRE7507 Old ChesterRd 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 500-22-6355 Margot S. Hardesty Bethesda, MD 20817

18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	one couse per line for 101, the ond 10 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	CAUSE (0) RSPIRATORY A	rest
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

O					
CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	
E			YES NOX	YES NO	
CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	

AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from

211, LOCATION

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on DEGREE 22c. DATE SIGNED

Sept. 22, 1985 22e ADDRESS 8218 Wisconsin Avenue

Christopher Unger, M.D. Bethesda, Maryland 20814

BP	Cremat:					politan	Crem.
HMH - 16 60M 7/B4	24 FUNERAL DIRECT						25a DATE
/\/DA 15 4\	Homas	D A DO	thac	an Mar	hac [177	20011	

21d INJURY OCCURRED

Alexandria, Virginia 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

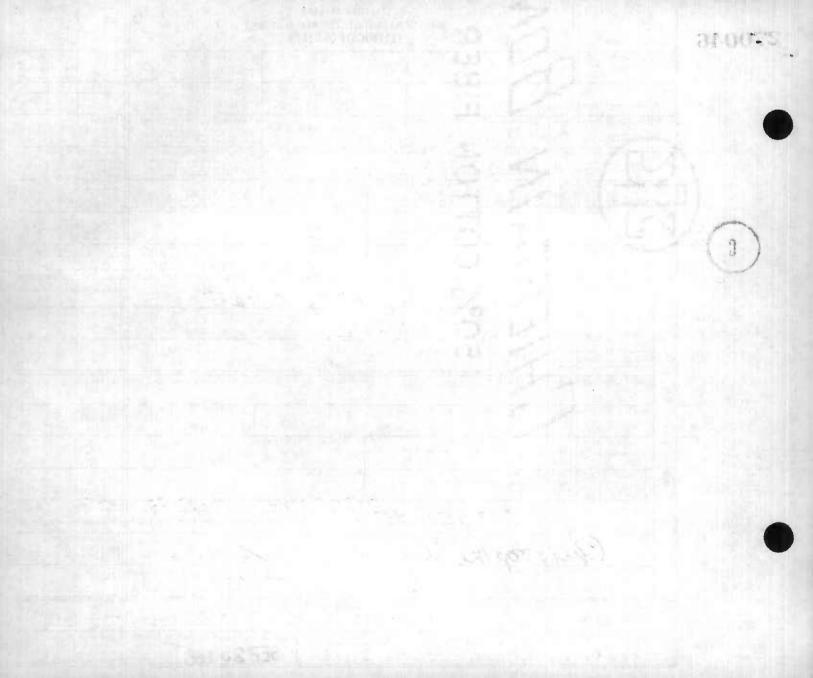
21e PLACE OF INJURY

COUNTY

BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS,

should b

D.D DH



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.			
OF DEATH	MONTH	DAY	YEAR	26. HOUR
MATTOTAL	DED	20	1085	8.50

REGISTRAR					REG. NO.		
L-DECEASED NAME	FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH		26. HOUR
	MAMIE	Α.	SHIFFLI	ETT	SEPTEMBER	29,1985	8:50 P
3. SEX	4 RAC	CE .	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
Female		hite	JUNE	8, 1899	86 _Y	RS.	MIN.
VIRGINIA	OR FOREIGN 76 CIT	IZEN OF WHAT COU	MARRIE WIDOW	D NEVER MARRIED DED DIVORCED	9 BALTIMORE CITY OR COU MONTGON		ME
ROCKVILL	E S	HADY GROV	E ADVENT	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) H. MAKER	NG LIFE) 126 KIND (INDUSTRY HON	OF BUSINESS OR
USUAL RESIDENCE (IF STATE VIRGINIA	GREENE	NSTITUTION GIVE RESIDENCE DYK	RTOWN	134. INSIDE CITY LIMITS?	Rt. #1	22935	99
ATHER'S NAME PATRST	MIDDLE	SHIFF	ETT	15. MOTHER'S MAIDEN NA MITT	- MIDDLE S	HIFFLETT [^]	ST
THE NO OR UNKNOWN		R DATES)	L SECURITY NO.	17 INFORMANT	220REMos	v	
NO		215-1	4-7035A	Edward Shiff	lett Front R	oyal, Va.	22630
GOODLY A	immediate ating the use last. IGNIFICANT CONDITION OF LAST	18 Uppe a	G TO DEATH BUT	NOT RELATED TO THE TERM ASH () HON'S N WAS PERFORMED	20g AUTOPSY? 20b. 1	GIVEN IN PART 1 SECOND FYES, WERE FINDI RTIFYING CAUSE: YES	Foilure NGS USED
(IF EITHER NOTIFY	CAUSE OF DEATH NEDICAL EXAMINER) URRED 21	b. TIME OF INJURY HOUR A.M. MONT P.M. e PLACE OF INJURY THOME, STREET, FACTORY	19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITE) CITY OR TOWN	(A 18 PART I OR PART 2)	STATE
220.1 certify tha	(I) (this haspital) att	ended the deceased the flood after death.	from 9	DEGREE	death accurred on the date and	hour and from the	
230 BURIAL, CREMATIC		CT.2,1985	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION ROCKVILLE	MONT.	MD. STATE

DHMH 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR FRANCIS H. BARBER

LAYTONSVILLE, MD. 20879

642 1 4 12 Discount of the second THE PARTY OF THE PARTY OF AND HOLLEN WERE CORRECT OF SOME DELICATION OF THE PROPERTY OF Completely Changer - Start Start Start Sugar Sugar Start the water of the state The Late of the Company of the Late of the Company way to the second of the secon

hysician and completely filled in by the funeral director page 3 mopers. Pages 1 and 2 should be filed within 72 hours after death

injury, or other tro-

TO FUNERAL DIRECTOR: After this certificate has been signed behaved be detached for use as the buriot-transit permit. Then please should be detoched for use os the bunol-transit permit. Their pleas with the State Dept. of Heolth and Mental Hygiene prior to burial, MADRIANI. If them 21 is marked or them 18 shows any injury, or o

ATTENDING

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

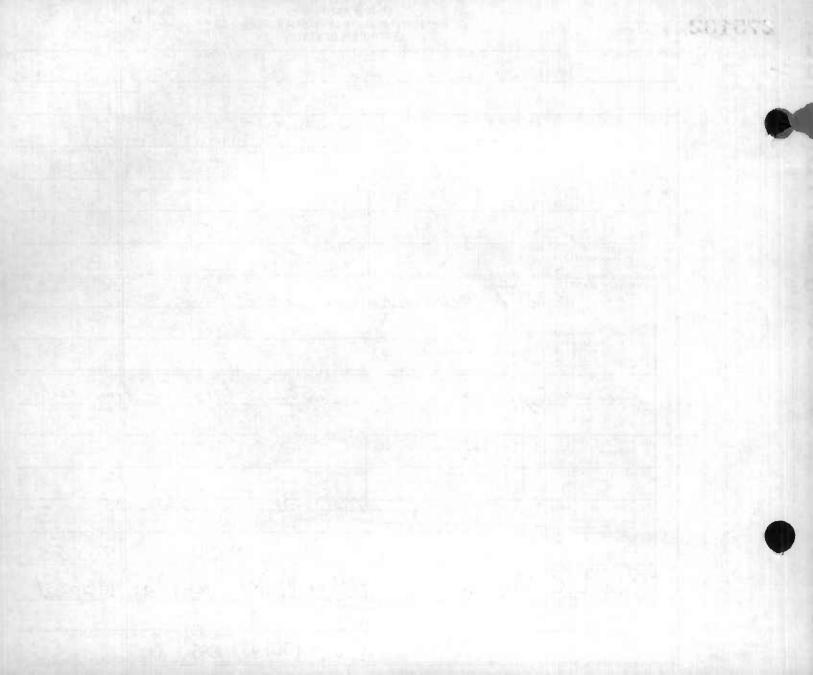
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STATE OF MAKTLAND	4.
DEPARTMENT OF HEALTH AND MENTA	HYGIENE
CERTIFICATE OF DEATH	

FOR STATE REGISTR	AR.			NT OF HEALTH CERTIFICATE	AND MENTAL HY	GIENG 5	2 O	3 4 7	
1 DECEASED N	AME FIRS	it	MIDDLE	LAST	1	20 DATE OF DEATH		YEAR 26 HOUR	
(TIPE ORPRINT)	Th	omas	Н. С	im s	JE 2ho		09/27	85 848 M	
3 SEX		4 RACE	5	DATE OF BIRTH		6 AGE (IN YEARS LAST		IDER I YEAR IF UNDER 24 HRS	
Mal		White		момтн	13 23	62	YRS	HS DAYS HOURS MIN.	
To. BIRTHPLACE	(STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY?	MARRIED N	EVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
	xas	U.S		VIDOWED [DIVORCED	Mont	gom	ery MD.	
10. CITY OR TO	WN OF DEATH		HOSPITAL, NURSING		R INSTITUTION	12a USUAL OCCUPA		26. KIND OF BUSINESS OR	
Beth	esda	Suh	JE DON	Jospi	tal	Analyst		Fed. Gov't	
13a STATE	13b	COUNTY	13c. CITY OR TOWN	13g IN	SIDE CITY LIMITS?	13e STREET ADDRESS			
Md.		ontgomery	Rockvil		<u> </u>	13708 Lio	nel Lane	20853	
14 FATHER'S N	rst .	MIDDLE	LAST	15. MC	THER'S MAIDEN NA	AME WIDDLE		LAST	
Thomas			Simonds		Fannie			Dean	
160 WAS DECE		S. ARMED FORCES? ES. GIVE WAR OR DATES)	166 SOCIAL SECURIT	Y NO. 17 INF	ORMANT	ADD	RESS		
Yes		IIWW	463-20-1	071 Mr	s. Marily	n Simonds -	Same as	#13	
18 CAUS	E OF DEATH En	ter only one cause pe	line for you, (b), and is	. 1		1 13 0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PARI	1. DEATH WAS C	EDIATE CAUSE (a)	Deleuoca	remo	ucer of	the Ferre	4		
100		DUE TO, C	R AS A CONSEQUENC	CE OF		6			
	Conditions, if any, which ((b)								
couse	gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF								
underly	ng cause la	st. (c)							
	Carleses	Le seuce	ontributing to DEA	ath But NOT RE	leastern	WINAL DISEASE OR CO	/ //	end Fael	
CERTIFICATION 1319 STATE ON 1519 STATE ON 15	OF OPERATION	196 COND	ITION FOR WHICH OF	PERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED G CAUSES OF DEATH? NO	
21a. ACCII	DENT WAS UNDERLYIP			21c H	OW INJURY OCCUR	RED (ENTER NATURE OF IN		-	
	BUTING CAUSE	OF DEATH	M. MONTH DAY	YEAR					
	RY OCCURRED		M. OF INJURY		OCATION				
WHILE AT WORK	NOT WHILE DAT WORK	(AT HOME ST	REET, FACTORY, OFFICE, FARM		STREET	CITY OR	TOWN	COUNTY STATE	
		haspital) attended th	ne deceased from	6/12	10 79	10 6	7/27/ 102	75 , that (l) (we) last	
sow	the deceased all	ve on	9/27/ 1985	, ond that i	n (my) (oor) opinion	deoth accurred on the	dote and have and	f Iram the causes stated	
	ATLORE	hd not) view the bady	folter deoth.	DEGREE				22c. DAYE SIGNED	
19	ober (Mucer		14.D.	ATTENDING	MEDICAL ST DIRECTOR PHYS	AFF ICIAN	9/25/85	
22d PHYS	CIAN'S NAME	TYPE OR PRINT		22e A	DDRESS	101-1	// 1\	KI	
	perl (on	809	Viens VII	Kd. Kock	ville,	cl 20851	
(SPECIFY)	REMATION, REMO			ME OF CEMETER	RY OR CREMATORY	23d LOCATION CITY OR TOWN	co	UNTY STATE	
	Removal	9/27/8	35						
24 FUNERAL D		13/21/					1		
NAME		13/21/	ADDRESS		25a DA	TE REC'D BY REGISTRA	R 256. REGISTRAR	SSIGNATURE	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	REGISTRAR				CERTIF	FICATE OF DEATH		REG. NO)		- 1		
/		CEASED NAME					LAST	2	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR					
	(TYPE OR PRINT)		Mary		L.	S	impson		September	2 17	, 1985	9:10	AM	
	3. SE)			4 RACE		5. DATE O			AGE (IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER 2		
	,	Female		Caucas	si <i>a</i> n	June			96	YRS	MONIHS DAYS	HOURS	MIN	
À	TE BIRTHPLACE ISTATE OR FOREIGN 76 CITIZE				WHAT COUNTRY?	0	D NEVER MARRIED	-X 9	BALTIMORE CITY O		TY OF DEATH	OF DEATH		
7		Maryland		United	States	WIDOW			Montgome:	ry C	county,		MD.	
7		ITY OR TOWN OF		11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	1 1	20 USUAL OCCUPATI		126 KIND C	F BUSINE		
1	1	ockvill		Collin		Nurs	ing Home		Secretary		LIFE) 126 KIND C INDUSTRY & St	orag	eg Co	
1	130. S Ma	aryland	136 COU	ROTHER INSTITUTION NTY gomery	GIVE RESIDENCE BEFOR 13c CITY OR TOV Rockvil		13d INSIDE CITY LIMIT		Se STREET ADDRESS / 704 South			20850 Ave.		
	14 FA	ATHER'S NAME		WIDDIE	LAST		15. MOTHER'S MAIDEN		WIDDIE		LAS	1	311	
		Frank		Si	Lmpson		Adelai	ide			Simps	on		
	160 V	VAS DECEASED ET	VER IN U.S. AF	RMED FORCES?	166 SOCIAL SECT		17 INFORMANT	7.55	ADDRE	55				
		NO OR UNKNOWN	, (11.765.67	TE TIME ON DATES,	578-05-7812			. Sh	nook great	: nie	ece sam	e as	13e	
1		18 CAUSE OF DI	EATH (Enter o	nly one couse per	line for (o), (b), or	nd (c+)					APPROX BETWEEN	MATE INTERV	VAL DEATH	
		PART I. DEAT	H WAS CAUSI	TE CAUSE (0)	Arterio	scler	osis							
			I/TUTEDI/			The Real Property of the Park								
		DUE TO, OR AS A CONSEQUENCE OF												
3		Conditions, if ony, which (b)												
	couse (c), stoting the DUETO, OR AS A CONSEQUENCE OF								-44					
	underlying couse last													
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
u	O	1971												
7	CERTIFICATION	19a DATE OF OPE	ERATION	19b. CONDITION FOR WHICH OPERATION			N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
4	TE							100	YES NO X	INCERI	NO T			
-	ER	210 ACCIDENT WAS UNDERLYING 716. TIME C					21c HOW INJURY OC	CURRED						
	MEDICAL	21d INJURY OCC		R) P.		19	211 LOCATION							
	ME				REET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR TO	NN	COUNTY	51	ATE	
			STHW TO											
		270. I certify that (I) (XXXXXXII) attended the deceased from Sune 19/5 to September 14,985 that (I) (Xe) lost sow the deceased alive on September 14,1985 obove, (I) (Xe) (3d) (did set) view the body after death.												
		sow the deceased alive on September 14-19 05, and that in (my) (Xur) opinion death occurred on the date and hour and from the causes stated above, (I) (Xi) (Xi) (did not) view the body after death.												
		226. SIGNATUR DEGREE 226. DATE SIGNED												
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN SE								\$ept	.17,	1985		
1		22d. PHYSICIAN	S NAME TIPE	OR PRINT)	000		22e ADDRESS 82:		Wisconsin		enue			
		Leo I. Donovan, M.D. Bethesda, Maryland								1 /				
	23a B	BURIAL, CREMATIC				NAME OF C	EMETERY OR CREMATO		123d LOCATION	Tall	4 200	14		
	1	Burial	,	20, 19					CITY OR TOWN COUNTY			faryland STATE		
	24 FI		R Dahar						ECID BY DECISTDAD	75h RECH	CTD A DIC CIONALA	LIDE		
	*	NAME	Kober	t A. Pur	nphrey Fu		nomes,		O T LOOF	CHALLA	Davidson-	Randel	2	
	l E	P.A., Roc	ckville	, Maryla	and 2085	0		SEL	2.3 1985	7 will	The state (alt 2015 a			

DHMH - 16 60M 7/B4 (VRA 15, 4)

143	FOR STATE REGISTRAR	DEPARTMENT OF I	TE OF MAKTLAND TEALTH AND MENTAL HYGI ER'S CERTIFICATE OF D	6.00	3 5			
-(1	DECEASED NAME FIRST TYPE OR PRINT) Patricia	Mioole	sisson.	20. DATE KNOWN MONTH OF ESTI- DEATH MATED 9	OAY YEAR 2b. HOUR			
N STREET,	EX 4 RACE 5.	DATE OF BIRTH YEAR LAST BIRTHON June 4 1928 37 YR	RS IF UNDER 1 YR. IF UNDER 24 H	RS. 2c. DATE MONTH	DAY YEAR 2d. HOUR			
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 7 ash. D. C.	CITIZEN OF WHAT COUNTRY? U.S. A.	8. MARRIED NEVER MARRIED [WIDOWED DIVORCED [□ Montgomery	, AAD			
20	ROCKULL &	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET AGGRESS) 2008 WHIPPORWILL	LANE	USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Clerical	12b. KIND OF BUSINESS OR INDUSTRY W&L. Dept. Store			
5 130.	MD. 13b COUNTY Mont go	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING ISC. CITY OR TOWN POMERY ROCK VILLE	YES NO 134	STREET ADDRESS 2008 WHIPPENWI	LA 20854			
1	FATHER'S NAME FRIST William E. Wise WAS DECEASED EVER IN U.S. ARMEE	D FORCES?	Bertha 17. INFORMANT	AME V. ADDRESS	Balai			
	NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR	577-42-90	CALLY CONTRACTOR OF THE PARTY O	Sissen. Same as i				
	PART I DEATH WAS CAUSED BY IMMEDIATE C	ne cause per line far (a), (b), and (c).) Y: CAUSE (a) ACUTE DUE TO, OR AS A CONSEQUENCE (C)		URE	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH			
REMOVAL	Conditions, if ony, which gove rise to immediate couse (a) stating the <u>under-</u>	1 7	NCMITIS		DAYS			
CATION	PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (D)							
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPER.		20. AUTOPSY?				
AL CERTIF	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR		NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	YES NO Q			
MEDICAL	CONTRIBUTING CAUSE OF DEA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	THE PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET COOR WALREADW	CITY OR TOWN CO	UNITY STATE			
	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural Courses , Accident , Suicide , Hamicide , Undetermined manner ,							
ORE, MARYLAND,	ACTUAL SKGNATURE	e Mullerfels	TITLE (SPECIFY)	MEDICAL EXAMINER SIGNI	9/14/85			
230.	EXAMINER'S NAME (TYPE OR PRINT)	us @ MAYLE	ADDRESS 8 200 CUR	1	20119 4000 AD			
		/17/1985 Ft. Line	oln Cemetery	d LOCATION Brentwood Mary La				
24.		Gawler's Sons Inc.		D. BY REGISTRAR'S S	GNATURE			

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FOR - STATE

STATE OF MARYLAND CEDTIFICATE OF DEATH

		REGISTRAR			CERTII	ICATE OF DEATH	REG. N	10.						
	I DECEASED NAME FIRST		MIDDLE		(AST	20 DATE OF DEATH	DAY	DAY YEAR 2b HOUR					
	(14ME	FOTIO	S		Sk	KENDERIS	AUGus	t 29	, 19	85	11:	: 502		
	3 SEX	(4 RACE		5. DATE C		6 AGE (IN YEARS LAST B	RTHDAY	MONTHS	IF UNDER 1 YEAR IF UNDER 24 HRS				
		MALE	White	9	Feb		80	YRS		DATS	HOURS	MIN,		
1		BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY				D NEVER MARRIED	9 BALTIMORE CITY			ATH		110		
1	Turkey U.S.A.				WIDOWE		Montgome		MD.					
-	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	ION			F BUSINE			
7		OLNEY		OMERY GI		AL HOSPITAL	TYPE OF WORK FOR MOST Barber	OF WORKING		ustry arb	er Sh	app		
1		AL RESIDENCE (IF NURSING HOME COTATE	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)		LIA STREET ADDRESS	/ 7ID CO	100		11.1	-		
7	130 3		gomery	Bethesd		13d INSIDE CITY LIMITS?	4521 Eas	st-We	st Hw	v./	20814	+		
1	4. FA	THER'S NAME	0			15 MOTHER'S MAIDEN NA	ME			5				
/	1	Efstratios	MIDOLE	Skenderi	S	Angela	MIDDLE		Un	kno				
ĭ		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT	10P	724 T	ilden	woo	d Dri	ve		
	(4	NO (IF YES, GIVE WAR OR DATES) 578			0-6528 Stratis Skenderis, Rockville, MD						MD 20854			
										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
-		PART I DEATH WAS CAUS	ED BY:	Exterior &	heros	hi heart dies	Danie .			13	cus.	VCHIN.		
		DUE TO, OR AS A CONSEQUENCE OF												
		Canditions, if ony, which	DUE 10, O	R AS A CONSEQUI										
		gave rise to immediate cause (a), stating the	0,0	DAS A CONSTOUR	CALCE OF							- 0		
		underlying couse lost.												
	100	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	VDITION C	SIVEN IN P	ART 110	heur	^/		
	NO N	Chumier anti	Consultion	heart fait	ne Ble	were generalized	autrio slevo	is , rec	clut in	atest	ind	Mage		
7	CERTIFICATION	190 DATE OF OPERATION PIPE CONDITION FOR WHIC			OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE					
has	Ĭ						YES NO X		TIFYING C	AUSES	NO T			
7	E E	210 ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH D	AV VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM I	B PART I OR	PART 2)				
7	¥	OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH D.	19	1-989								
	MEDICAL	21d INJURY OCCURRED	21e. PLACE			211. LOCATION	CITY OR TOWN COU			YINI	51	TATE		
	E	AT WORK NOT WHILE												
		22a I certify that (I) (this hasp		e deceased from_	-	- FR , 19 T.K	, to 29 A	Ly.	, 19		that (I) (last		
		saw the deceased alive o obove, (1) (we) (did) (did o	et view the body	after death.	5_, 0	nd that in (my) (aux) apinion (death accurred on the	die and h	naur and fr	am the	causes sta	ted		
		226 SIGNATURE	1-00		77.7	DEGREE			22		SIGNED	-		
		mule ?.	Jelle-	NO		ATTENDING PHYSICIAN	MEDICAL STA			29	they	89		
		22d PHYSICIAN'S NAME ITYPE	OR PRINT)			22e ADDRESS								

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detach MPORTANT

Buria]

Donald E. Dillon 23d. BURIAL, CREMATION, REMOVAL 23b. DATE 8/31/85

18111 Prince Philip Dr., Olney, MD

ry Silver Spring, Maryland 234 NAME OF CEMETERY OR CREMATORY Gate of Heaven Cemetery

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C. 20016

BY REGISTRAR 256. REGISTBAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

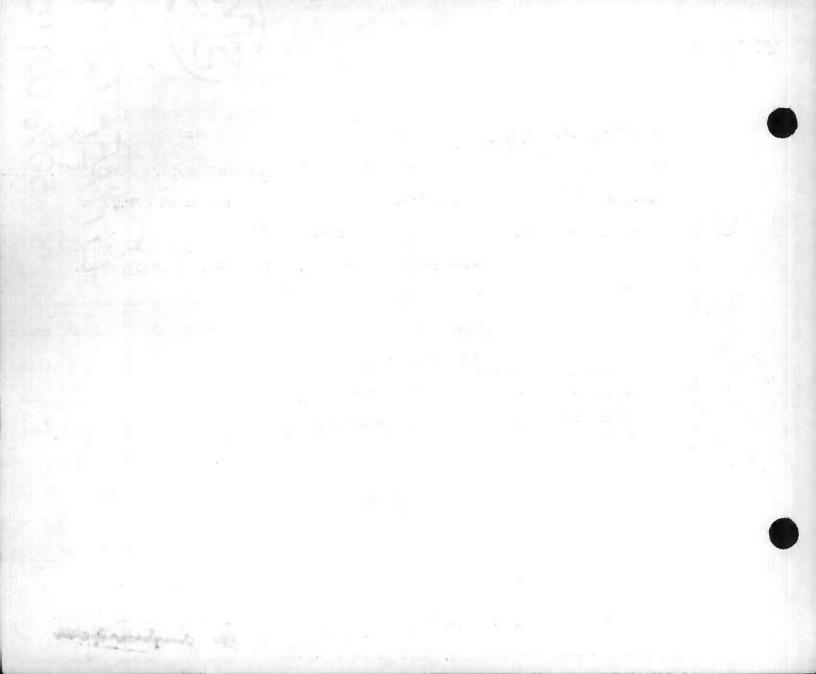
REG. NO.

7	1 DEC	CEASED NAME ORPRINT	FIRST GAR	Y	DDIE EUGENE		AST SMITT		2a. DATE OF	DEATH MONTH	DAY Y	YEAR	26 HOUR	
		U	ary		<u> </u>	S	mith			-1	01 8	7	7 17. 1	A
	3	lale	"(ACE	25ian	5 DATE C	OF BIRTH	4"2	42	ARS LAST BIRTHDAY)	MONTHS	DAY5	HOURS MIN.	-
1	7s. 80	HITHPLACE (STATEORE	OREIGN 76	CITIZEN OF W	HAT COUNTRY?	8 MARRIE	D NEVER MA	RRIED 🗆	9 BALTIMOR	E CITY OR COU	NTY OF DEA	ATH	TEO (A)	
	1	MINDIS	34	42	4	WIDOWE		RCED		tgome	Ry		MC).
8	S	THE TOWN OF BEA	Ing		OSPITAL NURSIN FACILITY GIVE STREET		HOSOLY	UTION		CCUPATION FOR MOST OF WORKING NG THERA	NG LIFE) INDL	JSTRY	CATION	
5	13a S	TATE IDENCE (PRINCE		INE RESIDENCE BEFORE	N	13d. INSIDE CITY	LIMITS?	13e STREET A	DDRESS / ZIP C	OAD		20770	
1	14. F.A	THER'S NAME			1474.1		15. MOTHER'S A	AIDEN NAM	\E		CONTRACTOR OF			
2		HENRY	L		SMITH		SYLV".	ľΑ		LORENE		BÜ	RK	
		VAS DECEASED EVER	IN U.S. ARMEI		66 SOCIAL SECU		17 INFORMAN			ADDRESS				
and the second		YES, NO OR UNKNOWN)	VIETN		231-56-	-0756.	JEAN F	SMIT	H. WIF	E. SAME	AS ITE	M #.	1.3	
	NC	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COM-		DUE TO, OR	AS A CONSEQUE	lac	NOT RELATED TO	NOW.	NAL DISEASE	mm 12ft	TIMU TIMU	EL 110	ne n	_
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1	23a B	URIAL, CREMATION	REMIDVAL 1	23b. DATE		WAME OF C	ADDITESS EMETERY OR CRI	3200 MATORY	23d LOCAT	STAFF PHYSICIAN [Ant		3/85 ETH 208	1
		CREMATIO		9/3/8			DLITAN	CREMA		ALEXA		, V	A.	1
	24 FU	NERAL DIRECTOR 1	RICHAR , N.W.	D RAP WASH	P, INC. INGTON,	D.C.	20009	SEP SEP	5 198	GISTRAR 256. REG	GISTRAR'S SI	-		

DHMH - 16 60M 7/84 (VRA 15, 4)

THE STA 92 08 10 18

084400	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENS 5 2 6	3 5 5
274128		CEASED NAME FIRST ORPRINT! HENRY	ELISHA	SMITH	20 DATE OF DEATH MONTH	1985 16 55 M
ge 4 may be ector, page 3	3. SE.	m	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR 5	34 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
nerol din 72 hou	70 BI	OUNTRY)	Th CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY MONTGOMERY	0
s ofter d by the fu iled with	10 C	TY OR TOWN OF DEATH	WASHINGTON A	DVENTIST HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Kitchen Helper	126. KIND OF BUSINESS OR INDUSTRY Naval Mil. Comm
min 24 hour	13s. S	AL RESIDENCE OF NURSING TOUN AT ATE AT Y LAND AT HER'S NAME	Ta koma	OWN 13d. INSIDE CITY LIMITS?		enue VOIIV
manufactory filler	Н		Sr.	Evadney	Miller	LAST
ANN T	1	VAS DECEASED EVER IN U.S. AR/ VES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL S E WAR OR DATES) 580-09-		Taîkoma Par ith.wife.657 Hous	k, Maryland ton Ave.
		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIATI	y ane cause per line far (a), (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the depart conficure are second by the pression by the pr		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSE (b) TUL IN DUE TO, OR AS A CONSE (c) COUR	OUENCE OF CARDIAC F	ALLUKE	~36 ha.
NG Persictan. The law requires the other than certificate has been removed to the certificate has been removed to the other world-thank to Milk There play the other world than the certification of t	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF SUB ACCUTE 190 DATE OF OPERATION 9/16/85	Backerial 196 CONDITION FOR WH	TO DEATH BUT NOT RELATED TO THE TER Endocard 45 ICH OPERATION WAS PERFORMED TO SERVICENCY	200 AUTOPSY? 206. IF YES	EN IN PART Training USED YING CAUSES OF DEATH? S NO
And Andreas	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2} COUNTY STATE
TENDING PARTIES OF THE STATE OF	W	WHILE AT WORK 220.1 certify that (1) (this hospit saw the deceased alive an.	(2 / /)	m 9/16 , 19 &	, to 9/12	19, that (I) (we) last
OR AT		above, (I) (we) (did) (did noi 22b. SIGNATURE	t) view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 9/18/85
TO HOSPITAL retoined by the TO FUNERAL should be detoined to with the State IMPORTANE.		10HW L. TO	ives mi	27e. ADDRESS 4801 MARKA	CAMETE AVE. N	RD. WARH. DC.
	23a	BURIAL, CREMATION, REMOVAL		234 NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY
DHMH - 16 50M 4/83		JNERAL DIRECTOR	WDOM.	prgia Ave. NW 250 DA	St. Croix, Vir	
(VRA 1S, 4)	Mc	Guire Funeral S	ervice, Inc.,	Washington, D.C.	0 . 0	



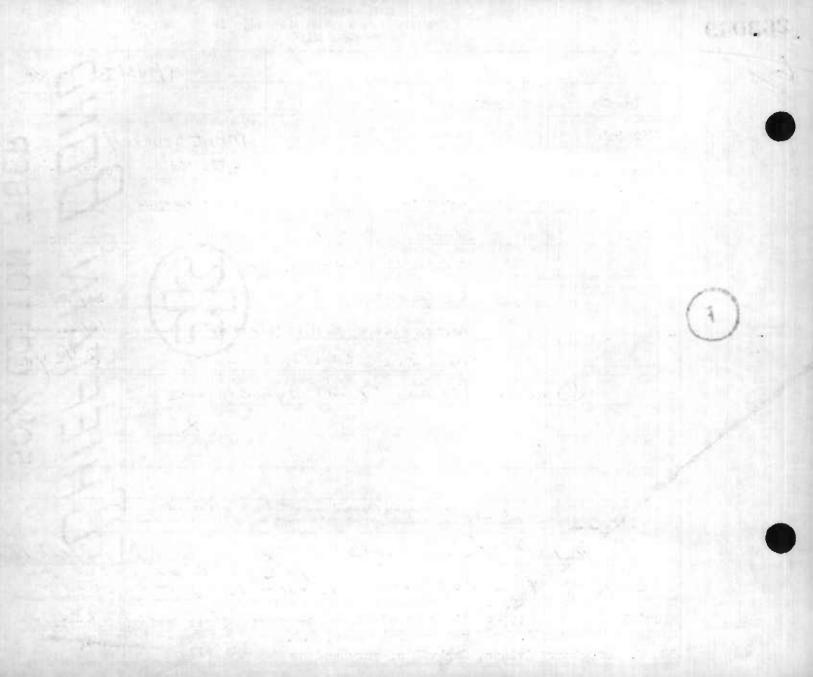
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN TYPE OR PRINTS DEATH MATED DATE OF BIRTH & AGE (IN YEARS | IF UNDER TYR IF UNDER 24 HRS DATE MONTH YEAR PRONOUNC TO BIRTHPLACE (STATE OF 9. BALTIMORE CITA COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS 13a STATE 113b COUNTY 14. FATHER'S NAME les WAS DECEA ED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY URIAL - TRANSIT PERMIND MENTAL HYGIENE TION, OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF HEALTH AND MEI lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 46R, TH.,
CATE, WRITIN.,
E CORWARDED TO.,
Se, PAGE 3 SHOULD be.
TO EDEPARTMENT O.
SELECTION OF SHORE TO BUT YES 🗍 NO PO 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2] UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC] STREET PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALT[MORE, MARYLAND, 21201 WHILE CITY OR TOWN WHILE AT WORK COUNTY STATE Inspection 22e I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATUR MEDICAL EXAMINER EXAMINER LIAME TYPE OR PRINT **ADDRESS** 230 BURNAL PREMATION, REMOVAL 236 DATE 23d. LOCATION 07/84 25M 24 FOINERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

Contract to the contract of th BARBERS BUS A CONTRACT Electron Contract NIII THE SHALL STREETED FORDER GREEK THE WALL OF SOLE IN SMARKED IN TRACE AND

24 FUNERAL DIRECTOR ROBert A. Pumphrey Funeral Homes. P. As. DATE REC'D. BY REGISTRAR'S SIGNALUSE

300 W. Montgomery Avenue, Rockville, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)



268040

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CERTIFICATE OF	DEATH	REG. NO.			
MIDDLE	LAST .		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	_
М.	STAPLETO	ON	SEPTEMBER 18	,1985	10:15	A
4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	_
CAUCASIAN	MAY 13,	1908	77 YRS.	MONTHS DAYS	HOURS MIN.	
76 CITIZEN OF WHAT COUNTRY?	8	ALABBIED [9. BALTIMORE CITY OR COUN	TY OF DEATH		Ī
U.S.A.			MONTGOME	RY	M	D.
		STITUTION			OF BUSINESS OR	1
	A RACE CAUCASIAN TO CITIZEN OF WHAT COUNTRY? U.S.A 11. NAME OF HOSPITAL, NURSIN	M. STAPLETO 4. RACE CAUCASIAN 7b. CITIZEN OF WHAT COUNTRY? U.S.A. MAY 13, MARRIED NEVER WIDOWED XX	M. STAPLETON A RACE CAUCASIAN TO CITIZEN OF WHAT COUNTRY? WIDOWED X DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	REG. NO. REG. NO. REG. NO. 20. DATE OF DEATH MONTH STAPLETON SEPTEMBER 18 4. RACE CAUCASIAN MAY 13, 1908 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED X DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION	M. STAPLETON SEPTEMBER 18, 1985 4. RACE CAUCASIAN MAY 13, 1908 70 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED X DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOTING SUCH FACILITY GIVE STREET ADDRESS)	M. STAPLETON SEPTEMBER 18,1985 10:156 4. RACE CAUCASIAN MAY 13, 1908 70 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED XX DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOTIN-SUCH ACLIETY CIPE STREET ADDRESS) MIDDLE 120. DATE OF DEATH MONTH DAY YEAR 16. AGE (IN YEARS LAST BIRTHDAY) MONTGOMERY MONTGOMERY MIDDLE 120. DATE OF DEATH MONTH DAY YEAR 16. AGE (IN YEARS LAST BIRTHDAY) MONTGOMERY MONTGOMERY MIDDLE 120. DATE OF DEATH MONTH DAY YEAR 16. AGE (IN YEARS LAST BIRTHDAY) MONTGOMERY MIDDLE 120. DATE OF DEATH MONTH DAY YEAR 16. AGE (IN YEARS LAST BIRTHDAY) MONTGOMERY MIDDLE 120. DATE OF DEATH MONTH DAY YEAR 16. AGE (IN YEARS LAST BIRTHDAY) MONTGOMERY MIDDLE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOTIN-SUCH FACILITY CIPE STREET ADDRESS) MIDDLE 120. DATE OF DEATH MONTH DAY YEAR 16. AGE (IN YEARS LAST BIRTHDAY) MONTGOMERY MIDDLE 120. DATE OF DEATH MONTH DAY YEAR 16. AGE (IN YEARS LAST BIRTHDAY) MONTGOMERY MIDDLE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOTIN-SUCH FACILITY CIPE STREET ADDRESS) INDUSTRY

13b COUNTY MONTGOMERY

134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 15. MOTHER'S MAIDEN NAME

10304 FDGFWOOD AVENUE 20901

FOR

FATHER'S NAME

NO

CERTIFICATION

MEDICAL

166 SOCIAL SECURITY NO 218=56=3109

MARY 17 INFORMANT SON

ADDRESS SEVILLE DRIVE ROME NEW YORK

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which cause (a), stating the

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c

DUE TO, OR AS A CONSEQUENCE OF

underlying cause

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

	L
210 ACCIDENT WAS UNDERLYING	21
OR CONTRIBUTING CAUSE OF DEATH	
(IF EITHER NOTIFY MEDICAL EXAMINER)	L
ALL BLUIDY OCCUPATED	In

190 DATE OF OPERATION

b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

200 AUTOPSY?

NOF

le. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE

211 LOCATION

and that in (my) (aur) apinion death occurred an the date and have and Iram the causes stated

STATE

abave, (1) (we)			the body	after d	eath.
SIGNATURE	/	1	71	/	^

22a 1 certify that (1) (this hospital) attended the deceased from

DEGREE ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

230. BURIAL CREMATION REMOVAL

22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

GATE OF HEAVEN

23d LOCATION

MT.

(SPECIFY)

24 FUNERAL DIRECTOR FRANCIS J. COLLINS

500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

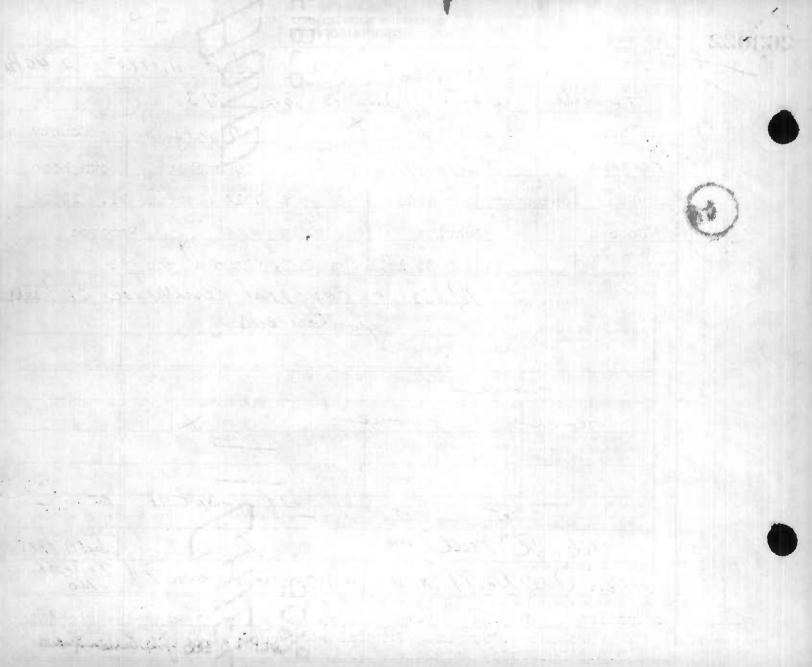
9/21/85

SILVER SPRING

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

263022	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGI	ENB 5	263	5 7
1-11 8		Lillian	n J.	Staroba	Bal	20. DATE OF DEATH A	ONTH DAY YEAR	26 HOUR 2:40 PM
octor, po	3. SE	· female	White	S DATE OF BIRTH	YEAR 1812	6. AGE (IN YEARS LAST BIRTH	MONTHS DAY	
marcol des		RTHPLACE INALCOHORGO	7b CITIZEN OF WHAT COUNTR United State	MARRIED NEVER			COUNTY OF DEATH	
1 1 10	10.0	Sethes da	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INS BET ADDRESS)	STITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemake)	WORKING LIFE) INDUSTE	of BUSINESS OR RY
	Ma Ma	ryland Monto	other institution, Give residence BEF NTY 136 CITY OR TO Gomery Bethes	sda 136 INSIDE (NO 🖹	13e STREET ADDRESS / 7914 Sleat	ZIP CODE	20814
	P. F.	Joseph	MIDDIE IAST Schultz		's maiden nam first arie	AE MIDDLE	Morav	rec
MORE TO SEE TO S			VE WAR OR DATES)			ADDRES Staroba s	see #13	
serticate in physical bongapers in terroral.		PART I. DEATH WAS CAUSE	nly ane cause per line for Ja), (b), ED BY: TE CAUSE (a)	sive ce	vebro	al hema	Whage C	OXIMATE INTERVAL EN ONSET AND BEATH
hat the death by the crimologies sender co-		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF THE PROPERTY	spour	aneo	us		
RDS, 20 repaires Then ple 10 burns mivry, or	NO		CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATE	D TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN PART	110
THE PARTY OF THE P	CERTIFICATION	THE DATE OF OPERATION		CHOPERATION WAS PERFO	ORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH?
OF VIII.	123	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	VJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2	1
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low requir antending physician. The this certificate has been ing on the buriof-monit permit. Then this aid Mental Hygieric prior to be orked or frem 18 Mowel coy mixin	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211. LOCATI STREE		CITY OR TOW	IN COUNTY	STATE
CTOR. A for use of Healt			hal) aftended the deceased from 19 11) view the bady after death.	85, and that in (my	, 19	, to Sopt eath occurred on the dat	le and hour and from t	
TAL OF J		276. SIGNATURE	Drell			MEDICAL STAFF		TE SIGNED
O HOSP orbined by though by the 3		Allen J.	ONeill N.		0/d Ge	erge fown	Rd, Be	Mesda
BP	C	BURIAL, CREMATION, REMOVAL remation	Sep.14 Me	NAME OF CEMETERY OR ETROPOLITAN	Crema	23d LOCATION CITY OR TOWN	andria V	/irginia
DHMH - 16 50M 4/83 (VRA 15, 4)	74 6		t A. Pumphrey hesda, Maryla		ome's SE	P 1 6 1985	sh registrar's sign	ATURE PROPERTY



STATE OF MARYLAND - STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REG. NO

20 DATE OF DEATH MONTH IF UNDER I YEAR

4 RACE MONTH female Caucasian Aug TO BIRTHPLACE (STATE OF FOREIGN LOUNTRY?

1913 MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH GOMERY County,

Michigan

DECEASED NAME

TYPE OR PRINTE

United States WIDOWEDK

DIVORCED

Hairdresser Hair Styling

JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

13b. COUNTY fllinois Cook

18 CAUSE OF DEATH (Enter only one couse per line for town

RION

North Riverside No -15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 2532 8th Av.

MIDDLE

60546

FIRST Frank

DeMarte 166. SOCIAL SECURITY NO.

Mary 17 INFORMANT

Cosletta

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

60 WAS DECEASED EVER IN U.S. ARMED FORCES? no

PART I. DEATH WAS CAUSED BY

Lane, Rock Ville MD 20852 371 18 6341a Dolores A. Tolson, 11801 Magruder

IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse

PART 2 OTHER SIGNIFICAN

neum

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

CERTIFICATION 190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY OFFICE, FARM ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION

21c. HOW INJURY OCCURRED

CITY OR TOWN COUNTY

(ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

MEDICAL NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on

22b SIGNATURE

DEGREE

ATTENDING

/ MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (ton) apinion death occurred on the date and hour and from the causes stated

230 BURIAL, CREMATION, REMOVAL SPECIFY) Burial

9-25

did not frew the body ofter death.

Hillcrest Cemetery

CITY OR TOWN Bessemer.

20a AUTOPSY?

NOF

Michigan

74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P.A. Bethesda, Maryland

21e PLACE OF INJURY

250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Filia Davidson- Handale

DHMH - 16 60M 7/84 (VRA 15, 4)

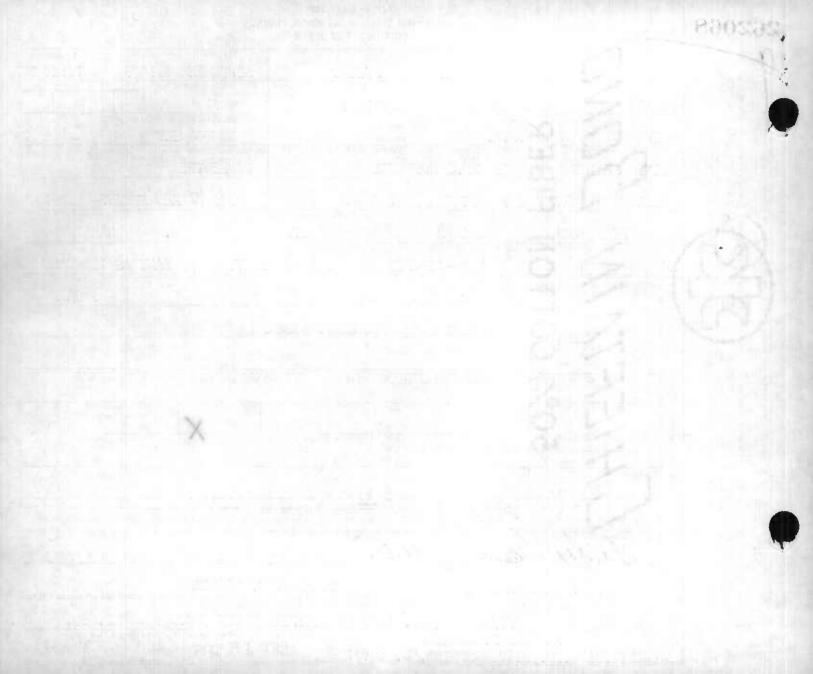
Hygie

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

#22a, FilmG610 12/4/85 kam

500 UNIV BLVD. W. SILVER SPRING, MD.

(VRA 15, 4)



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

4	13	fra	2	100	- 6
)	Ens	0	3	0	file

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	O.		11
(TYP)	CEASED NAME FIRST SCHOOL	tian	MIDDIE	St	einer		9 8	85	26 HOUR 2:10 Am
3 SE	MALE	RWHITE		MARC		AGE (IN YEARS LAST BIR	THOAY) IF I	HS DAYS	IF UNDER 24 HRS HOURS MIN.
	RUMANIA	U.S.A.		WIDOWE		Monta (R COUNTY OF	DEATH (O, MD.
P	ethesda	50 by	H FACHITY, GIVE STREET	ADDRESS	OSO1 tal	LIBRARTAN		PRTV.	ATE
13a.	AL RESIDENCE (IF NURSING HOME OR O MARYLAND MONTO		TAKOMA P		13d INSIDE CITY LIMITS?	1785FT CARRO	LLP ADEN	ùE	20912
	RUDOLF MI	DDLE	STEINER		BERTHA	WIDDLE		KOHÑ	
16a \	NAS DECEASED EVER IN U.S. ARM NO 10 OR UNKNOWN) (IF YES GIVE V	ED FORCES? WAR OR DATES!	578-46-8		MRS. OLGA	NISSEN, APPRE	WILSON OKLYN	STREE NFW_V	TORK
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	line for (a), (b), and	1	preumona			4	MATE INTERVAL ONSET AND DEATH
	Canditions, if any, which gave rise to immediate	DUE TO, OI	POST CW	NCE OF	encephalopi	athy		3w	echs
	cause (a), stating the underlying cause last	((c)	1	anes	t			34	000
NOIL	PART 2 OTHER SIGNIFICANT CO						DITION GIVEN	IN PART 110	3
CERTIFICATION	190. DATE OF OPERATION			OPERATIO	n was performed	20c AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME O HOUR A.I	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART	ORPART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY BET, FACTORY OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1) this hospita saw the deceased alive on obove, (1) (we) (did) (did not)			Sug 5	d that in (my) (aur) apinion of	to Sect	8 , 19. Ite and hour ar	d from the	that (1) (we) last causes stated
	22b. SIGNATURE RO	sen W	0	ı		MEDICAL STAP	F IAN []	220. DAJE	SIGNED
	22d PHYSICIAN'S NAME (TYPE OR P	OSE IN			220 ADDRESS 3929	FERRARA DI	ZIVE		

DHMH - 16 60M 7/B4 (VRA 15, 4)

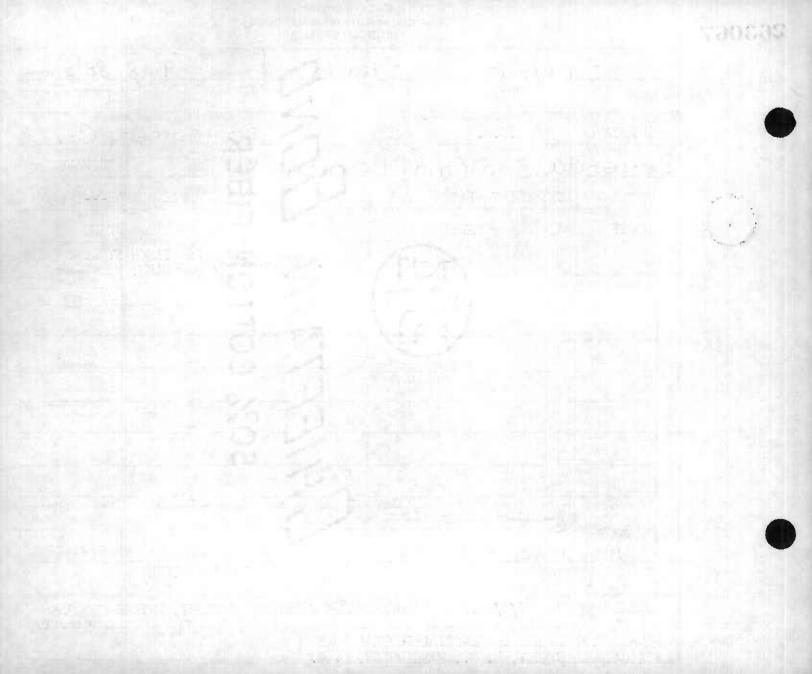
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29 987 1985

CARROLL STREET, N. W., WASHINGTON,

MOUNT OF LEBANON CEMETERY 134 ADELPHI, PRINCENIGEORGES NATE

DONALDE M. STEIN HEBREW MEMORIAL FUNERAL HOME



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Robert A. Pumphrey Funeral Homes,

20814

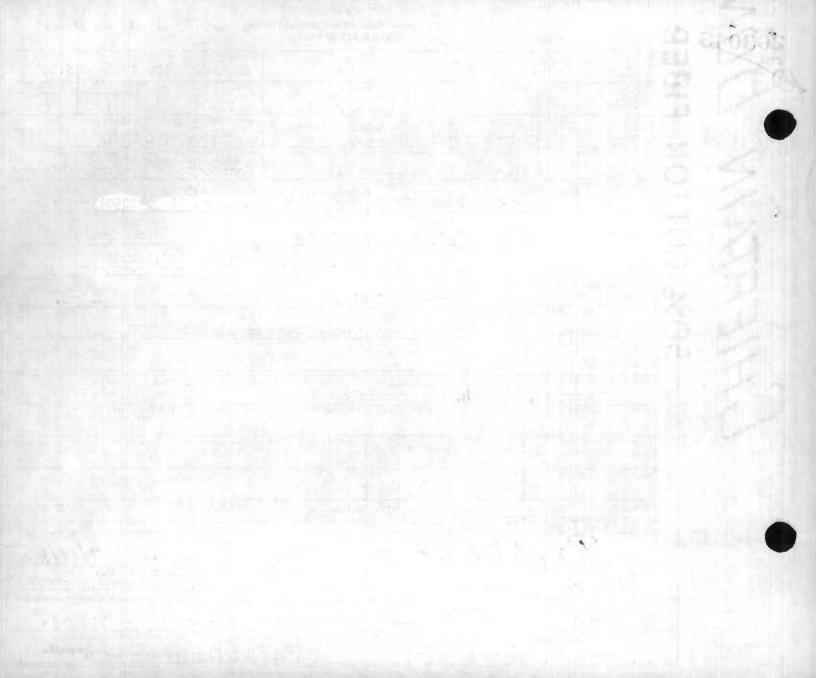
Bethesda, Maryland

DHMH TOMM 7/84

(VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

rina Daydson-Handale



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &
CERTIFICATE OF DEATH

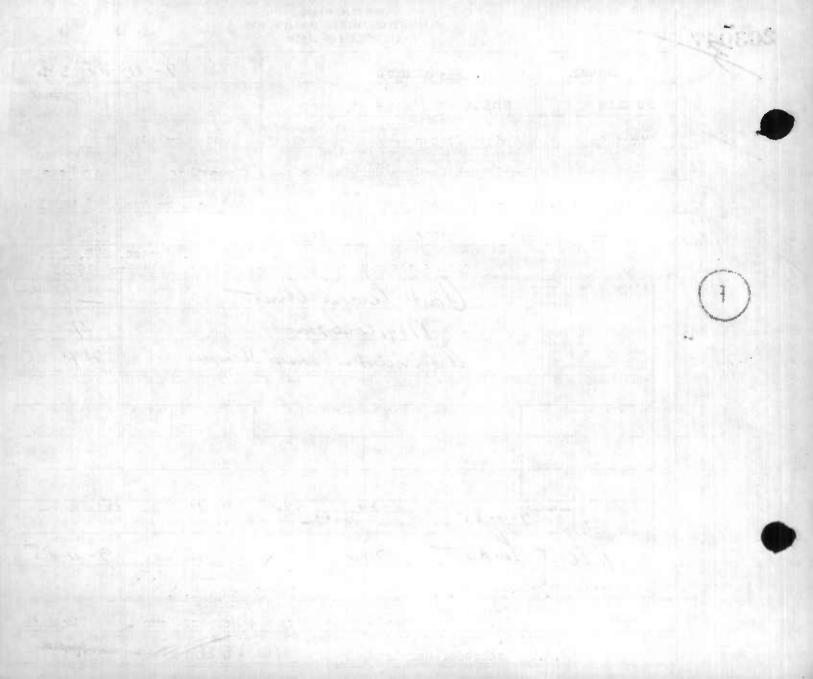
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DECEASED NAME 20 DATE OF DEATH MONTH Susan Reid Williams Stuart 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) I. SEX IF UNDER LYEAR MONTH DAY Female White May 21, 1902 83 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia United States | WIDOWED X Montgomery County, DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home Kensington Gardens Nursing Home Kensington 1136 COUNTY 13e STREET ADDRESS / ZIP CODE Kensington 3000 McComas Avenue 20895 Maryland Montgomery 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Williams Robert Elizabeth Reid King Gray 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Mr. William CoreStuart, III, Son, 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 224-05-1455D 4 Pembroke Road, Lewes, Delaware 19958 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IQ. Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX 210 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE AT WORK 220 I certify that (I) (this hospital) attended the deceased fram____ saw the deceased alive an 9-9-25 and that in (apinian death accurred an the date and have and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 5000 Reno Road, N.W. William F. Luckett, M.D. Washington, D.C. 230. BURIAL, CREMATION, REMOVAL September 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN Buria1 Greenlawn Cemetery Newport News Virginia 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes.

Bethesda, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)



James H. Barton, Jr., Centreville, Md. 21617

(VRA 15, 4)

entel entel enter Share Faters number, Docchester co., January H. January Jr., Commending, Mc. 21617 John S. 2161

Funeral Home, Laurel, Md

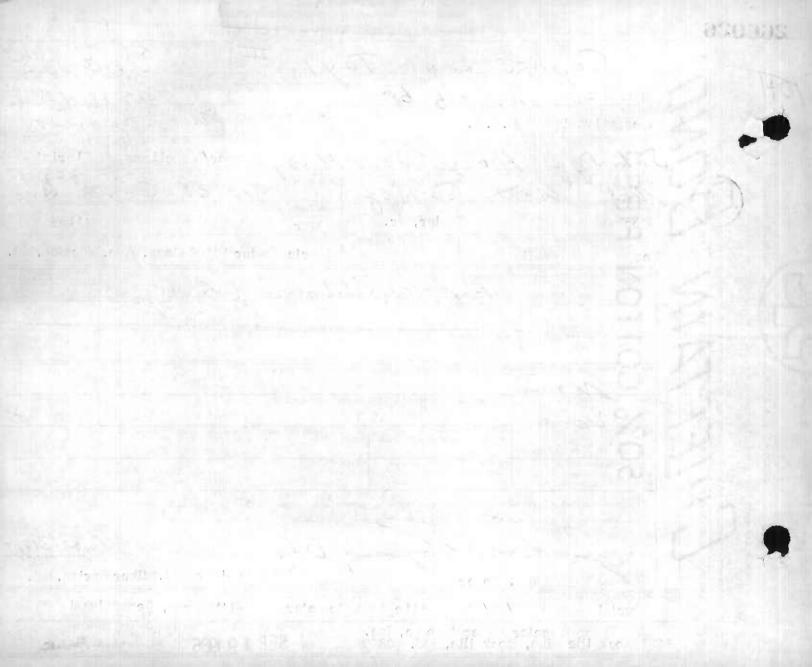
STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

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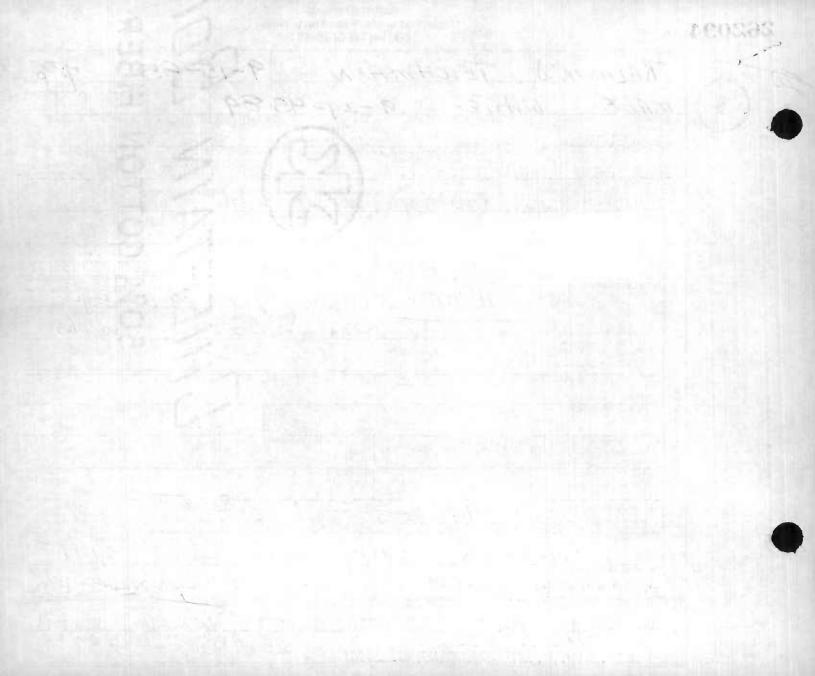
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	世界日本	1	P ennsyl vania	U.S.A.	WIDO			on og	-omery MD
	Services 8	n c	DY NO TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	NURSING HOME, OR OT VE STREET ADDRESS)	HER INSTITUTION	Owner/Mag		OR INDUSTRY Florist
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RE. MD	150	14. 7	Cephas	MIDDLE Tay	lor, Jr.	15 MOTHER'S MAID Mary	EN NAME MIDD	LE .	Miller
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25	EN X A SO			(c)					
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07/84	BP	(3	JMAL, CREMATION, REMOVAL 2 Burial	9/17/85	All eghany	Cemetery	Pi "Sburg		
25M	DHMH - 17	24. F	INERAL DIRECTOR Whee NAME Tyson Whee 31 Rockville Pike	eler Funeral H	Home, Inc.	SEI		25b. REGISTRAR'S S	
	(VR A15 ME (5))	To	or mockville Pik	, Rockville,	Mu. 2000Z	SE	1 9 1905	- AUD WHITE	In-Mandelle :



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-	PLEASE EFCTOR. R FILES. HOURS STREET,	3 SEX	4 RAC	E	5. DATE OF BIRTH	6. AGE (IN			UNDER 24 HRS.	2c. DATE	HINOM	DAY YE	
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5	A AS CRE	MEDICAL CERTIFICATION											
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VISI	IS CERT RITING REDED GE 3 SH TE DEP/	0	214 INJURY OCCUR		21e PLACE C	OF INJURY (AT HOME,	211 LO	CATION		17.2000			
5	SEROES	2	WHILE NOT AT W	WHILE C) SIREEL, FACT	ORT, PARM, ETC.)	3	IREC!		CITY OR TOWN	CC	NINIA	STATE
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	STIFE SEC	- 3	death resulted from	: Notice	al causes X,	Accident,	Suicide	, Hamicide		termined manner	L.		
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	SHEET W		SIGNATURE	1			M	D. ASS1S	tant_MED	ICAL EXAMINER	SIGN	ED 9/9/	85
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	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN	-	(TYPE OR PRINT)			auffman, N		ADDRESS		Penn St.			
	F W C F < €	23a. Bi	JRIAL, CREMATION, R	EMOVAL 2	September	23c NAME OF C			CITY	OR TOWN	COU		STATE
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23/4	DHMH - 17	24 F	NERAL DIRECTOR I	Rober	t A. Pur	mphrey Fu	unera	250.	DATE REC'D. B	Y REGISTRAR	REGISTRAR'S	SIGNATURE	10.
	(VR A1S ME (5))	He	omes, P.A.	. , Bet	hesda, Ma	aryland		5	LL AO.	94	BELLEVILLE PROCE	and allen	- 1

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A STATE OF THE STA	9	SUA	VER SPRING RESIDENCE (IF NURS) IG HOME OR OTH 13b. COUNTY RYLAND PRI.GE	HOLY CROSS HO HER INSTITUTION GIVE RESIDENCE BEFORE 13c CITY OR TO ADELPHI	ORE ADMISSION)	13d. INSIDE CITY LIMITS:	113e.STREET	ESTIMATOR ADDRESS / ZIP COI 19 23RD AV	DE	MOTOR CO 0783
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to end of the Page	4	1	AS DECEASED EVER IN U.S. ARMED S, NO OR UNKNOWN) IF YES, GIVE WA B CAUSE OF DEATH (Enter only o	362-05-		MARION D			523 S 5T CENT,MIN	
quives that the death certifical righted by the attenting phy then please removes corbinophy to bursal, cremation, or removi right, or other froundite exert.			PART I. DEATH WAS CAUSED BY IMMEDIATE C Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CON	Y: AUSE (0) AUSE (0) BUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	UENCE OF	arlin om hi Benal So NOT RELATED TO THE TE	asfure RMINAL DISEA	nostati SE OR CONDITION G	we	chs.
to the period of	4	¥ I	90 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO		200 AUT	NO IN CERT	ES, WERE FINDIN IFYING CAUSES YES	IGS USED OF DEATH? NO
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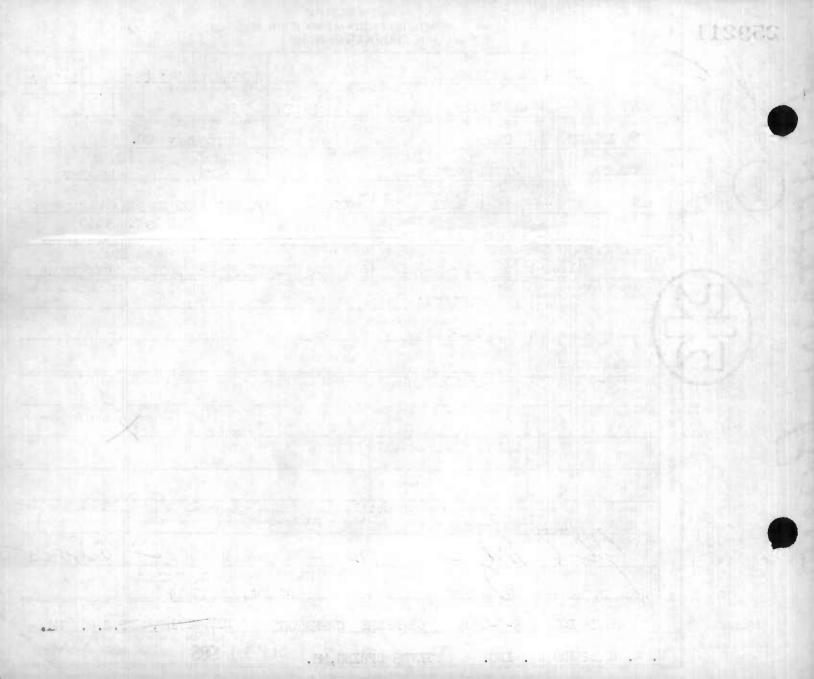
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DHMH - 16 60M 7/84 (VRA 15. 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

CERTIFICATE OF DEATH

6

	REGISTRAR						REG. N	10.		
	PECEASED NAME	FIRST		MIDDIE		AST	20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
L		EDNA		М.		IOMPSON	SEPT.	26,	1985	6:55A
3 5	SEX		4 RACE		5. DATE (6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	FEMALE		WHITE		DEC		92	YRS.	200	ALIA.
7 a.	BIRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	ILL.		U.S.	Α.	WIDOW		MONT	GOMER	Y CO.	M
10	CITY OR TOWN OF DE	ATH	11. NAME OF			OR OTHER INSTITUTION	12a USUAL OCCUPATIVE OF WORK FOR MOST			OF BUSINESS O
	KENSINGTON			INGTON GA		NURSING HOME	The second of the second of the second			IGION
	UAL RESIDENCE (IF NUR	SING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 71P CO	ne .	
	Md.		COMERY	BETHESDA		YES X NO		HERST		0814
14.	FATHER'S NAME					15 MOTHER'S MAIDEN NA	ME			
	JOHN	W.	MIDDLE	EMPLETON		DEL II.AH	ELVIRA		BLAIN	E
160	WAS DECEASED EVER	IN U.S. AF	RMED FORCES?	16b. SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDI	RESS		
	(YES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	349-12-5	397	WARREN THOM	IPSON (SAME	AS I	TEM #13)
_		TH (Enter o	nly one cause per	1.7.7	-//			-	APPRO: BETWEEN	XIMATE INTERVAL
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CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FIND	
TIF							YES NO		YES [NO [
		CAUSE OF DE	AIR	PEINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ			
MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION	CITY OR T	OWN	COUNTY	STATE
Z	AL WORK NOT W	HILE DRK	(AT HOME_ST	REET FACTORY OFFICE, FA	ARM ETC)	PINEEL	CITY OR I	O 4414	000411	STATE
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	saw the decea	ed alive or	SERS VE	ofter death.	50	nd that in (my) (aur) apinion (death accurred on the	date and h	our and from the	couses stated
	226 SIGNATURE	~	N -			DEGREE			22c DATE	E SIGNED
	1 Rais	4 K	Mon	عد	H	D ATTENDING PHYSICIAN	MEDICAL STA		9.4	28.26
	22d. PHYSICIAN'S N	AME (TYPE	OR PRINT)			22e ADDRESS				
	PHII	IP R	JAMES	MD		5401 WEST	ERN AVE N	.W.	WASH.	D.C.
23o	BURIAL, CREMATION	REMOVAL			AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	CREMATIO	V	9-27-	1985 CH	AMBE	RS CREMATORY	RIVERD	ALE	P.G.C	

DHMH - 16 50M 4/83

IMPORTANT: If he

24. FUNERAL DIRECTOR (VRA 15, 4) CHAMBERS CO. INC.

SILVER SPRING, Md.

25a. DATE REC'D. SEP Lulia Savidson-Randa

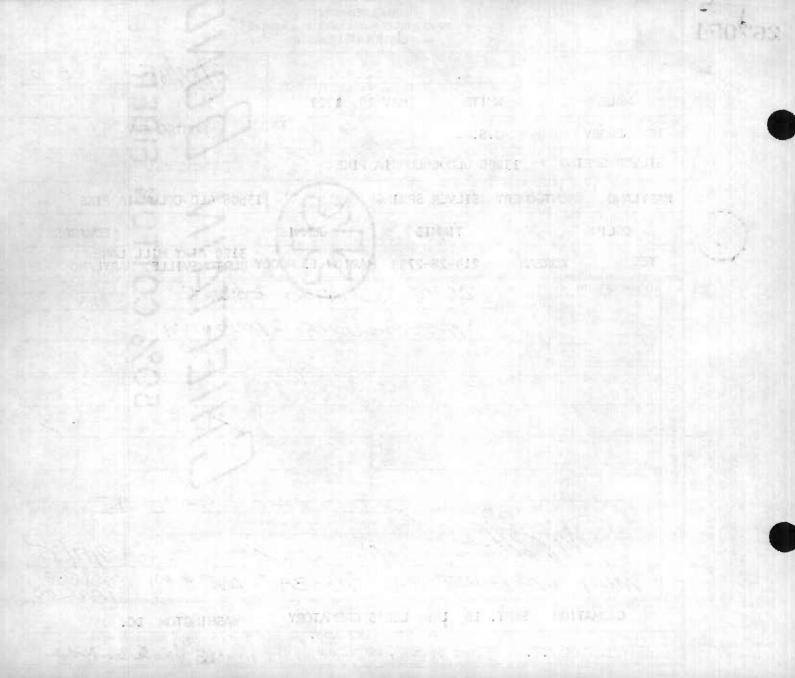
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		500					OF MAKILAND		(3)."	0 6	2 7	1 11
67054	1	FOR - STATE REGISTRAR			DEPARTM		EALTH AND MENT		REG. NO.	60	0 /	60
		ECEASED NAME	FIRST		MIDDLE	t.	AST	2	DATE OF DEATH MO	H DAY	YEAR 2	h HOUR
E # 200	{IY	PE OR PRINT)	JAME	S	Α.	T	IMMIS		9/17/	85		6 PM
so offer.	3.5	MALE		4 RACE WH	ITE	S. DATE C	29, 1 929		AGE LIN YEARS LAST BIRTHD	YRS IF UN		FUNDER 24 HRS
112	70. 1	NEW JERSEY			WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARR		BALTIMORE CITY OR C	OMERY	DEATH	MC
11 100	10	SILVER SPR			HOSPITAL, NURSIN				1 USUAL OCCUPATION		26 KIND OF I	BUSINESS OR
11 186		JAL RESIDENCE (IF NUR		GOMERY	STLVER S		13d INSIDE CITY LI		13866488655	PLOMB I	A PIKE	1
(11/4)	14_1	COLIN		MIDDLE	TIMMIS		IS MOTHER'S MAI	INIE	WIDDLE		EDŴA	RDS
177	160	WAS DECEASED EVER	IN U.S. AR	EAN DATES	214-28-2		MARION E.	MOOD	3120 ATRY Y BURTONSVII	HILL I	LANE ARYLANI	D
ph minore of the		18 CAUSE OF DEAT PART I. DEATH W	H Enter of	nly one couse per ED BY: TE CAUSE (o)	ACUTE	RE	SPIRATO	RY F	FAIURE		APPROXIMA BETWEEN ONE	ATE INTERVAL
trending ve corbo		Conditions, if ony		DUE TO, O	R AS A CONSEQUE	NCE OF	FLIMIF	7 - 6	DUMONAR	1		
by the o ose remo il, cremot		gove rise to im- couse to , statu underlying couse	ng the	DUE TO, O	r as a conseque	NCE OF				40.35		
n signed Then ple to burio	NO	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	THE TERMIN	AL DISEASE OR CONDIT	10N GIVEN I	N PART 10	
hos bee	CERTIFICATION	19e DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	D		Ob. IF YES, WE N CERTIFYING YES	G CAUSES O	
g physic) entificate idi-transi		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY	OCCURRED	(ENTER NATURE OF INJURY II	NITEM 18 PART T	OR PART 2)	
ottendin ter this c s the bur ond Me	MEDICAL	21d INJURY OCCUR	HILE	21e PLACE	OF INJURY REET FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
pirol or TOR: Affor use of Health		220.1 certify that (I)	ed dive or	ot) view the body	19 8	35 .01	, 19	9 84-) apinion dec	oth occurred on the dote	. 19_	d from the co	ot (I) (we) los
the hos the hos the DIRECted of the Dept.		226 SIGNATURE	10	allen	1	/		NDING SICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAL	v 🗆	220 DATESIO	GNED 7/85
reformed by TO FUNERA should be d with the Sto		22d. PHYSICIAN'S N	AME (TYPE O	PARKH	iurst a	1-D.	7100		1		COLU	EGENS
BP	230	BURIAL, CREMATION,	REMOVAL	SEPT.	18, 1985	LEE	EMETERY OR CREM	NATORY ORY	VASHINGTO			STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Hines/Rinaldi F.H.

WASHINGTON DC. 11800 New Hampshire Ave. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Silver Spring, Maryland SFP 20 1985 Line Davidson Andrews



STATE OF MARYLAND

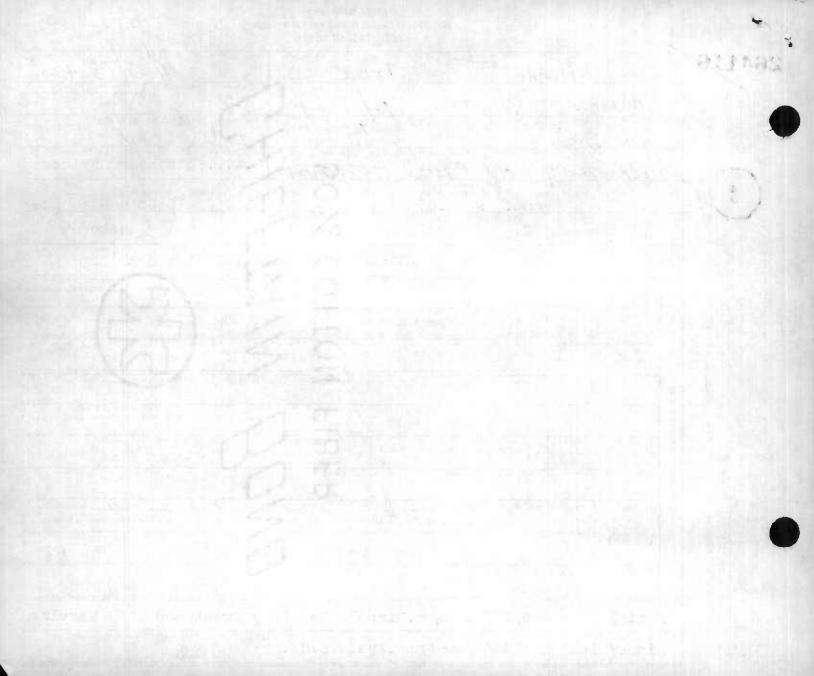
	REGISTRAR		CERTIF	CATE OF DEATH	REG. NO.		
	1. DECEASED NAME FIRST	MIDDLE	U	AST	20. DATE OF DEATH	ONTH DAY YEA	AR 2b HOUR
	Jame		Todo	_	September 1	77 -2-2	6:25 am
1	MALE	4 RACE WHITE	AUGUS	F BIRTH ST 14,1900	6 AGE (IN YEARS LAST BIRTHE		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
	70. BIRTHPLACE (STATE OF FOREIGN COUNTY MASS.	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED D	Montgomer	COUNTY OF DEAT	MD.
	Olney	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET Montgomery Gene	ADDRESS)		120 USUAL OCCUPATION NATIONAL PARTICIPATION REP	N 12b. KIN	NO OF BUSINESS OF
7	USUAL RESIDENCE (IF NURSING HOME OF			13d INSIDE CITY LIMITS? YES NO 🖰	3302 Solomor	IP CODE	20906
é	14 FATHER'S NAME HUGH	TODD ^{AST}		MARGARET	MIDDLE	KING	LAST
	160 WAS DECEASED EVER IN U.S. A IYES NOR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU 184 ***** OR DATES) 081 09 80		Anna Belle Fu			aven Manor 832
í	PART I. DEATH WAS CAUS	only one couse per the for (a), (b), and (ED BY)		eart Faile	re	API BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR 76 A CONSEQUI (b) Kecuro DUE TO, OR A CONSEQUI (c) CONDITIONS CONTRIBUTING TO	ent eler	Tic cordin	infarci in	ins	yrs yrs
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH			20g AUTOPSY?	20b. IF YES, WERE FIT IN CERTIFYING CAU	NDINGS USED
6	OR CONTRIBUTING CAUSE OF DE		AY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY I	NITEM 18 PART I OR PAR	T 2)
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET FACTORY OFFICE, F	FARM ETC)	211, LOCATION STREET	CITY OR TOWN	COUNT	V STATE
	saw the deceased alive at above (1)	n 19 19 19 19 19 19 19 19 19 19 19 19 19		d that in (my) (aur) apinian d	eath accurred on the date	and hour and fram	that (the (we) last the causes stated
	276 SIGNATURE OF F	Conard	1/1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	0	7 14 85
	Roger F Lei	onard		16401 018 (Georgetown	RD Be	Handa xi
	230 BURIAL, CREMATION, REMOVAI ISPECIFY BURIAL			METERY OR CREMATORY ROVE CEMETERY			ORO NEW HAM
	FRANCIS H. BARBE	R LAYTONSVILLE,	MD.	20879 250 DATE SE	P 1 7 1085	b. REGISTRAR'S SIG	***

DHMH - 16 60M 7/84 (VRA 15, 4)

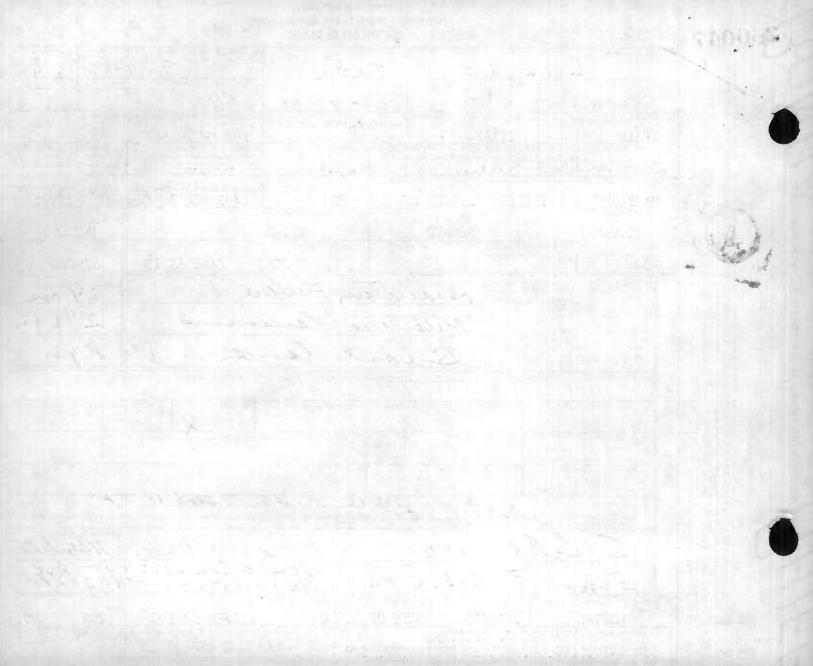
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a 200	Evil of an independent to the Control of the Contro	est.	
	Lod Lower Decree Description		
	3(-)-(-)-(-)-(-)-(-)-(-)-(-)-(-)-(-)-(-		
1 Jan 196			
2. Pat office			

	1,-	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		26	5 / 6
18	(TYPE	CEASED NAME OR PRINT!	4M J	Te	pole		MONTH DAY Y	5 4:30 M
1/1	3 SEX	Male	White	5. DATE O		6 AGE (IN YEARS LAST BIR	YRS	DAYS HOURS MIN.
7/	7a. BI	RTHPLACE (STATE OR FOREIGN OWNTRY)	USA	MARRIE	D DIVORCED	Montgo	mery	MD.
6/	5	TYPR TOWN OF DEATH	1 / -/// / 0	IVE STREET ADDRESS)	OSPITA!	CPE OF WORP OF TEO		Engineer
195	N			OR TOWN	136 INSIDE CITY LIMITS? YES NO [bia Pike
50		William		oole	Helen	WIDDLE		honey
/ medico		VAS DECEASED EVER IN U.S. AF		20 6316	Doris Toc	ole (Wife)	Same as	
event, In		18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUSE IMMEDIA	D BY), (b), and (c)				3 weeks
or other froumotic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	tastatu p	notatic Conc	ening with ol	structur	1 year
y injury.	TION	PART 2 OTHER SIGNIFICANT						
hows on	ERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		20a AUTOPSY? YES NO	YES 🗌	AUSES OF DEATH?
Hear 183	MEDICAL CE	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I ORPI	ART 2)
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY		ZII LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
		220 I certify that (1) (this hosp	tol) oftended the deceoses the body ofter deat	19 35 or	nd that in (my) (our) opinion	death occurred on the do		that (I) (we) lost om the couses stated DATE SIGNED
ANI: II II		22d. PHYSICIAN'S NAME (TYPE O	Cln DR PRINT			MEDICAL STAP		9/13/85
IMPORTANT:	23a B	URIAL, CREMATION, REMOVAL		en 1234 NAME DE C	EMETERY OR CREMATORY	lucr Spri	ng No	
	F	Surial	9/17/85	Ft.Lin	coln Cemete	ery Brentwo		Maryland
7/84		_I ineral director Iines/Rinaldi	11800 New	Hamp.A	ve.S.S.Md.	TERECID BY REGISTRAR 8 198	5	GNATURE

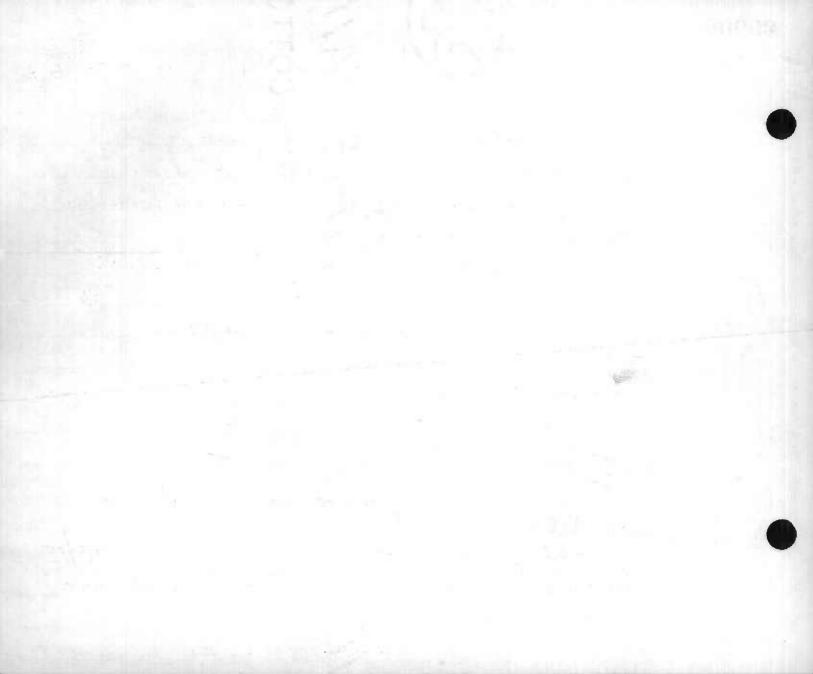


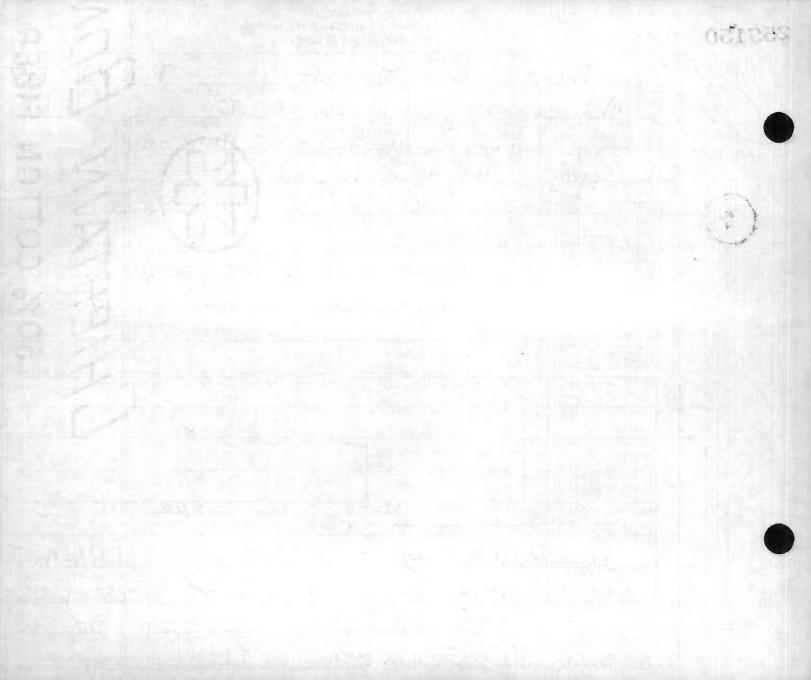
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2000	1.	FOR STATE		DEPART		EALTH AND MENTAL HY	GIENES 5	26	3 7	1
260047		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	XXIII S	4.4
		CEASED NAME FIRST		MIDDLE	ı	AST		MONTH DAY	YEAR 2b	HOUR
a 71 10	(TYP)	OR PRINT)	ia NA	nT.	T	ichi		9-11	-85	108.
hou o	3. SE		1 RACE		5. DATE C	DE BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF		UNDER 24 HRS
4 00		1 - 10 Pa	1.	1	MONTH	DAY YEAR	1/17			OURS MIN.
		Temale	wh	le	7	-8-38	71	YRS.		
# 30 CM		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	FDEATH	
9 95/6/		ITALY	ITAL	Y	WIDOWE	D DIVORCED	Montgo	Me Ty		MD.
1 11 11/	10 C	ITY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12ª USUAL OCCUPATI		126. KIND OF BU	USINESS OR
5 73 10	1	Setherda	Serie	A LA	ADDRESS]	land tol	HOMEMAK		INDUSTRY	
1 11 200	Usu	AL RESIDENCE (IF NURSING HOME		GIVE RESIDENCE BEFORE	E ADMISSION)	res pura				
2 33 87		STATE 13b COL		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		W.F. /	2000
	-	MARYLAND MON	FGOMERY	SILVER S	PKING	YES XX NO []	2403 DENN	15 AVEN	iue 2	20902
1 50 No./	0	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST	
A Mark		GIOVANNI		SEGATO		UDINA			UNKN	JOWN
1 1			RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS		1110
4 6 64		NO		NONE		BRUNO TOSCH	II SAME A	S 13	HUSBA	ND
# de de de		18 CAUSE OF DEATH (Enter of	only one couse per	line lor (a), (b), an	diction 12	1			APPROXIMATI BETWEEN ONSE	
phy npo mov		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	Respe	rollo	our Falle	al		24	his
a sing or re-		MMEDI	ATE CAUSE (U)				1			1
mend on, o		Conditions, il ony, which	DUE 10, OI	RAS ACONSTITUTION	lal	is tare	come		2"	2 12
n tro		gove rise to immediate	(b)			0				-
Series of the	-	couse (o), stating the underlying couse lost	DUE TO, OI	R AS A CONSEQUE	ENCE OF	28 Can	el-		84	n
s th		DARK O OTHER CLOSUES AND	(c)	7						
sign ben jury	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	DNIKIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVEN	IN PART IIa	
io T	E	196. DATE OF OPERATION	Tial collins	TIOLI FOR VIII III	COSDATIO	LIVE SERVICE	I an any open a	Tan as week to		
low low	CERTIFICATION	198. DATE OF OPERATION	IVE CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDINGS NG CAUSES OF	
The Cron	E						YES NO	YES [40 🗌
Hys. Ly		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		FINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM LE PARI	LORPART 2)	
ICIA g pla g pla indi- indi- indi- indi-	SAL CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	LAIII		19	1000 on all				
HYS of I	MEDICAL	214. INJURY OCCURRED	21e. PLACE			211 LOCATION	CITY OR TO	1479.1	COUNTY	STATE
offer the state of	2	AT WORK NOT WHILE	(AT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC.)	21MEE 1	ÇIII OK IO	MIN	COUNT	SIAIC
A P Se o Se o Se o Se o Se o Se o Se o Se		22a I certify that (1) (this has	oital) attended the	e deceased from_	000	12 10 FC	10 Flore	// 10	f that	(I) (we) lost
TEN TOR OF TOR 11 is		sow the deceased alive a above, (1) (we) (did) (did n			C, or	d that in (my) (our) opinion	death occurred on the de	ste and hour ar		
AT AT AT AT AT AT AT AT AT AT AT AT AT A	111	22b. SIGNALLIBE	ot) view the body	ofter deoth.		DEGREE			22c DATE SIG	
toch The De		CAT	00	MX		ATTENDING .	MEDICAL STAF		1//2	X FI
PITAL by 1 by 1 by 1 e de e de Stott		22d. PHYSICIAN'S NAME (TYPE	OR BRIGHT!	11.0		PHYSICIAN 222 ADDRESS	DIRECTOR PHYSIC		1100	2001
			P	1.6 ==	- 40	THE ADDRESS / O 4	10 Conn	ECTIC	/ "	QUE
TO HOSI retained TO FUN with the		CUGENE	(' 4	-1020	110	I FEN.	INTON	, Me	1. 20.	PY
F: F: 3	23a. E	SURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	c	OUNTY	STATE
BP		BURTAI	9/14/8	85 GA	TE OF	HEAVEN	\$ILVER SPR	ING	MONT	MD.
DHMH - 16 50M 4/83	24. FU	NERAL DIRECTOR FRANC	CIS J. CO	DLLINS		25a. DA1	E REC'D. BY REGISTRAR	25b. REGISTRAI	RESIGNATURE	ALCOH,
(VRA 15. 4)		SAA LIKITU BILIM	III CTIUT	TO CODTAIN	un	20001 St	P 1 3 1985	1		



Proportion Present There S AL M-2 AREL S HATT PRESTON ST.

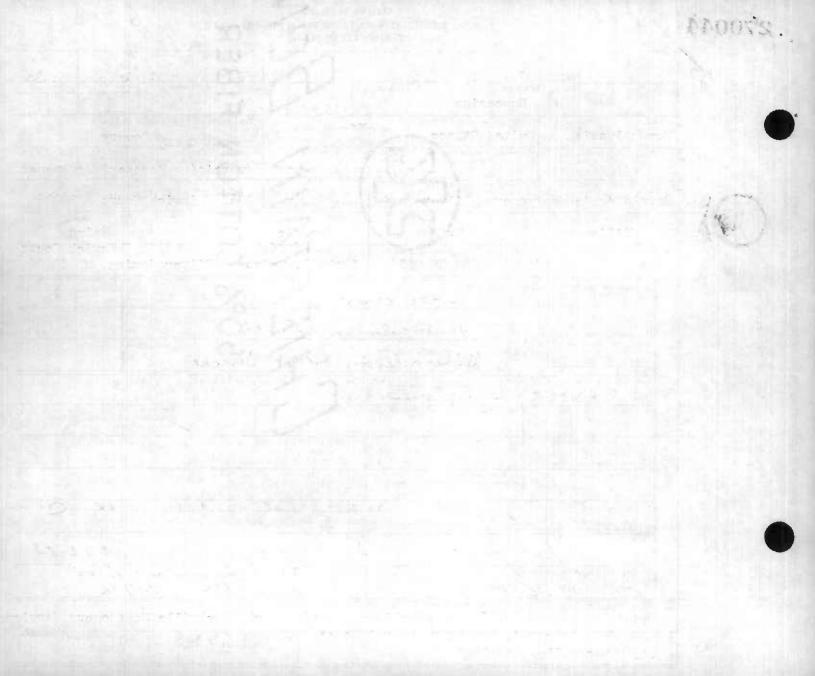
DIVISION OF VIT





STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

THE WAY		OR PRINT)	MIGOLE	LAST		DAY YEAR 25 HOUR
99 7	2.05	Marsh	all P Tr	S. DATE OF BIRTH	September 21	1985 6:43p
after 0	3 SE	Male	Caucasian	12 17 YEAR OO	84 YRS	MONTHS DAYS HOURS MIN
#7 #7 A	1	RTHPLACE (STATE OR FOREIGN ONNIRY) nnsylvania	76 CITIZEN OF WHAT COUNTRY United States	MARRIED NEVER MARRIED WIDOWED DIVORCED	Ca	
19		ty or town of death Olney	(IF NOT IN SUCH FACILITY, GIVE STREET Montgomery	ING HOME OR OTHER INSTITUTION ET AGORESS) General Hospital	120 USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKING LIF Advertising Mana	126 KIND OF BUSINESS C
135	Ma	ryland Mon	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY TROOMERY SILVER	Spring 13d. INSIDE CITY LIMITS	3362 Chiswick C	Court 20906
19/60	14 FA	William	middle Trippe		MIGGLE	Paine
Fager Fager		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC 482-09-9			Chiswick Cour ing, MD 20906
physicia in paper imaval.		PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b), a ED BY: Cardio	e overt		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
signed by the at then please remain ta burial, cremati njury, ar ather tra	NO	Canditions, if any, which gave rise to immediate cause in stating the underlying cause last PART 2 OTHER SIGNIFICANT Canditions, if any, which gave rise to immediate to immediate the underlying cause last	CONDITIONS CONTRIBUTING TO	relevative Hear	T OSEONE ERMINAL DISEASE OR CONDITION GIV	EN IN PART Ita
	AL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED SYING CAUSES OF DEATH?
thos been the permit tene prior tows only it			216. TIME OF INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART 1 OR PART 2)
w poo		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR		
er this certificate has it the burial-transit per and Mental Hygiene ked or item 18 shows	MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE
pital or offending prysicion. TOR: After this certificate has for use as the burial-transit per af Health and Mental Hyguse. I is marked at Item 18 shows.		OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT W	ATH R) HOUR A.M. MONTH I P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	DAY YEAR 19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
s hospital or attending physician. JRECTOR, Affer this certificate has ched for use as the burial-transit per pet. of Health and Memtal Hygiese them 21 is marked or Item 18 shows		OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK 170.1 certify that This hasp saw the deceased alive a above, (i) (re) (did) (did in 22b. SIGNATURE	ATH R) P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE at View the bady after death.	PARM ETC) 211 LOCATION STREET 9 211 LOCATION STREET 9 211 LOCATION STREET A 19 211 LOCATION STREET A 19 211 LOCATION STREET A 11 21 LOCATION STREET A 11 LOCATION STREET A 11 LOCATION STREET A 11 LOCATION STREET A 11 LOCATION S	CITY OR TOWN To 7 - 2 / ian death accurred an the date and hau G MEDICAL STAFF DIRECTOR PHYSICIAN	19 P.S., that (1) we) lost and from the causes stated 22c. DATE SIGNED 1-22-35
pital or offending prysicion. TOR: After this certificate has for use as the burial-transit per af Health and Mental Hyguse. I is marked at Item 18 shows.	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK 220.1 certify that This hasp saw the deceased alive a above, Medical (did in 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	ATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE of the deceased from hour wire the body after death.)	DAY YEAR 19 211 LOCATION SIREET 9 211 LOCATION SIREET 19 and that in (my) our) apin DEGREE ATTENDIN PHYSICIAN 22e ADDRESS 3 7	CITY OR TOWN If to 7-21 ian death accurred an the date and house of the date and house	19 P. than (1) We) Ic ir and from the causes stated 22c, DATE SIGNED 9-22-85



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. I	VO.				
	DECEASED NAME 1901	***************************************		AST	24. DATE OF DEATH		YEAR 25	HOUR		
	Marg	aret Mo	liu Ti	thy	ALL BOX HAVE	09 15	-85 4	1"AM		
3.5	XX / J	4. RACE	J S DATE O		& AGE (PETEARSTANTS			UNDERTAINES -		
1	Female	Caucacian	01	06 0'		YRS.				
Ti	BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? & MARRIE	D NEVER MARRIED	BALTIMORE CITY	OR COUNTY O	PEATH			
	Mass.	USA	WIDOW	DNORCED	0 Montg	meny	bunch	MD		
119	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA (# HOT H MICHZACKITY	L NURSING HOME (OR OTHER INSTITUTION	THE USUAL OCCUPA	OSINESS OR				
Y:	Dilver Spring	10103 Dall	ascive.		State 90	OT.	GOVT			
13	STATE ITECOLI		LIVE Soring	YES TE NO	10 03	Sallas 1	ave?	2090		
Ti.	FATHER SHAME			15. MOTHER'S MAIDEN	as district		Bowl	0-		
4	WAS DECEMBED EVER IN U.S. AR	MED FORCES? THE SO	CIAL SECURITY NO	00		RE55	DOW !	-1		
		WANTED TATES	38-5548	STEPHEN	F. TUHY San	u_				
\vdash	To assess	1414	,	1-200			#FIWEEN CHO	E PATERYAL.		
	PART L DEATH WAS CAUSE	D BY		Madde	.:11.	to tan	#ETWEEN CNS	ET AND DEATH		
	IMMEDIA	TE CAUSE (a)	200	muni,	men me	- Nucl	19	Jew?		
	The control of the co	DUE TO, OR AS A C	ONSEQUENCE OF							
	Conditions, if any, which gave rise to immediate	(60								
	cause (a), stating the	DUE TO, OR AS A C	ONSEQUENCE OF				1.87			
	underlying couse last	(e)								
1,	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBL	TING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CO	NDITION GIVEN	IN PART I'M			
CERTIFICATION						Table or over 1	COP FOR COS			
1 2	IN DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	IN WAS PERFORMED	20x AUTOPSV®		VERE FINDING! NG CAUSES OF	DEATHT		
1				Tax - 110000 1000 1000 1000	TES NO	YES		NO []		
		of the second of the land		THE HOW INJURY OF	CURRED (ANTER WATURE OF IN	MEN IN THE ME PART	I DERVEL IV			
ICAL	(# ETTHER, NOTIFY MEDICAL EXAMINE		10		A CALL					
MEDIC	214 INJURY OCCURRED	THE PLACE OF INJU	RY ORY OFFICE FARM, ETC.)	211 LOCATION	Elity Cal	Own	COUNTY	MAR		
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	22x Licertify that (1) (the hosp			192	_ 10 Kg	1/2 19	2014 Table	tioléses) III i		
	saw the deceased alive or above, (f) (we) (did) (did no	off view the body after de	oth.	HEAVY SWILL THE SHIP THE HEAVY	nian death accured on the	date and hour a		-		
	77E SIGNATURE	1 11.11		DEGREE	in apparat		721 DATE SIG	INED 1		
	Wermh!	. pould!	MD		N ADRECTOR D PHYS	KIAN .	1411	10, 85		
	77 PHYSICIAN'S NAME (IVIN)	OK Miller()	T AT S	226. ADDRESS						
	SERUCH T.	KIMBELL		STLVER	SPRING, MARY	LAND				
236	BURIAL CREMATION, REMOVAL	IIA DATE	ZJE NAME OF C	EMETERY OR CREMATO			Ounty	State		
	BURTAL	9/19/85	GATE OF	HEAVEN	SILVER SI		MONT	19.		

DHMH - 16 60M 7/84 (VRA 15, 4)

FRANCIS J. COLLINS 500 UNIV BLVD. W. SILVER SPRING MD.

ANZIA REGISTRARS SIGNATURE SEP 1 6 1985

340sas

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

1		REGISTRAR				441111	TORIL OI DE			REG. NO).	4		
1		CEASED NAME	FIRST	A	MIDDLE	l	AST		20 DATE	E OF DEATH	HINOM	DAY YEAR	2b. HOUR	
ĺ	{ ! APE	OR PRINT)		RANDOLP	H TYLER					EPTEMBE			10:22P M	
9	3. SEX	(4 RACE		5. DATE C		VE 10	6 AGE	(IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MIN.	
ļ		MALE		NEGR			EMBER 25	1925		HOURS MIN.				
i	7a BIF	RTHPLACE (STATE OR	FOREIGN	Th CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MA	RRIEDXIX	9 BALTIMORE CITY OR COUNTY OF DEATH					
		VIRGIN		U.S		WIDOWE	DIVO	RCED 🗌		MONTGOM			MD.	
7	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSI		OR OTHER INSTIT	UTION	12a USUAL OCCUPATION 12b KIND (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				OF BUSINESS OR	
	_	ETHESDA		NAVAL HOSPITAL				RETIRED			IX 4	USAF		
	13a S MA	AL RESIDENCE (IF NOR TATE RYLAND		TGOMERY					846 QUINCE ORCHARD BVD.#101				D.#101	
7		THER'S NAME			11.00		15 MOTHER'S A	MAIDENNAM	AEGAI'	THERSBU	RG M	D. 2087	8	
		WILLTAM	HE	NRY	TYLÊR	1:50	CORÁ	ST	ELI	ZABETH		TAYL	ÖR	
i	16a W	VAS DECEASED EVER			166 SOCIAL SEC		17 INFORMANT	T		ADDRE	SS	20	0879	
ì		YESOR UNKNOWN	1944-	1966	232-26-	3748	RUIZE	O. TY	LER	9360 B	RINK	RD. GA	ITH. MD	
		18 CAUSE OF DEA	TH Enter and	y ane cause per	line far (a), (b), a	ndicii			5010	The sale		BETWEEN	MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH V			Cholangi	ocarci	noma	400		13. les	M			
					R AS A CONSEQU									
ij		Canditians, if any		((b)_				25-11			31			
1	100	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF												
		underlying cause last. (c)												
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										a		
_	CERTIFICATION							J.m.						
Ī	FICA	19a. DATE OF OPERA	ATION	196 CONDS	TION FOR WHICH	H OPERATIO	N WAS PERFORA	AED		UTOPSY?	IN CERT	ES, WERE FINDI FIFYING CAUSES	S OF DEATH?	
	E	210. ACCIDENT WAS UN	IDERIVING [21b. TIME O	E IN II IDV		Tal. HOW BILL	IDV OCCUPD	YES 5	•		YES 🔽	NO 🗌	
		OR CONTRIBUTING			M. MONTH D	AY YEAR	21c. HOW INJU	IKT OCCURR	ED (ENTE	ER NATURE OF INJUR	A IN ILEW 18	8 PART I OR PART 2)		
i	WEDICAL	21d. INJURY OCCUR		P./		19	211. LOCATION	200		- 10				
	MED	WHILE IN NOT W		21e. PLACE (DE INJURY EET, FACTORY, OFFICE,	FARM ETC.)	STREET			CITY OR TOV	M	COUNTY	STATE	
				15		T., 1	12	19_85		Sept 6	-	05		
		220.1 certify that (1	sed alive an		19		nd that in (my) (ai						that (I) (we) last causes stated	
1		22b. SIGNATURY	(OIO) (OIGE	view the budy	arrer dearn		DEGREE					22c. DATE		
		XI	My 7	aloga	_	1		ENDING YSICIAN	MEDIC DIRECT	OR PHYSIC	F IAN	9-	8-85	
	94	22d PHESICIANS N	ANTE ITE		22e ADORESSAI	HOSP	ITAL	. NMCNC	R	670 140				
G. P. Zaloga LCDR MC.USN						27e MAVAL HOSPITAL, NMCNCR BETHESDA, MD 20814						1,25		
	23a B	SPECIFY) Buria	, REMOVAL	23b DATE			EMETERY OR CRE	EMATORY	23d LC	OCATION		- COUNTY	STATE	
		Durlas		9-12-8	35 A	rlingt	on Nat'l	Cem.	1	Arlingto	on, 7	VA	,,,,,,,,,	

DHMH - 16 60M 7/84 (VRA 15, 4)

George R. Snowden

24 FUNERAL DIRECTOR

246 N. Washington ST. Rockville, MD 20850

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SER 10185

	1,	FOR	DEF	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIER 5 2	6 3 8 4
59139	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
deoth deoth		OLIVEY	- I.	TYLER	9	15 85 2:15 p
ofter o	3. SE	×MOLE	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER EYEAR IF UNDER ZEHRS
direct ours	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	10 5 19	9. BALTIMORE CITY OR COUN	TY OF DEATH
Town 2 h		COUNTRY) MD	U.5A	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTO	MERY M
	10 C	ON KULLE		URSING HOME OR OTHER INSTITUTION STREET ADDRESS	12a USUAL OCCUPATION (TYPEDE WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OF INDUSTRY
N A	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		1400
30	2	STATE MD 136 970	NTG NOC	YUILL YES IN NO	507 BICKTON	d hn - 208
15/5	14. F.	William	H. Tyles	15 MOTHER'S MAIDEN N.	BIODIM	LAST
Poges		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166. SOCIAL E WAR OF RIES! 232 =	SECURITY NO. 17 INFORMANT 14	ADDRESS	me AS #13
oper ovol. nt, th		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly ane cause per line far (a), (b), and (c).) PIRATORY ARRES		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rem eve			E CAUSE (a)	TRAIDEY TIRKES	1	
e corl		Conditions 14 as 11 t	DUE TO, OR AS A CON	SEQUENCE OF LUI	VG.	
motion from		Canditians, if any, which gave rise to immediate	(0)	(, 40 14)		
crei		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF		
hen ples o burio jury, or	Z	PART 2. OTHER SIGNIFICANT CO	N. A. office.	SEIZURE T	MINAL DISEASE OR CONDITION O	GIVEN IN PART Tro
prior t	CERTIFICATION	19a DATE OF OPERATION		HICH OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
t pe	3	NA	N	A·	YES NO	YES NO
Hygill 18 sh		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
Mental Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19		
nd w	MED	21d. INJURY OCCURRED WHILE NOT WHILE	210. PLACE OF INJURY LATHOME STREET, FACTORY, O	PRICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY
oleh o nork	1	AT WORK	6	alis	9/15	85-
Hec 1 is n		220. I certify that W (this hospit	61113		n death accurred an the date and h	aur and from the couses stated
pt. o		saw the decessed alive on obove, (I) We) (did) (did no 22b. SIGNATURE)	t) view the body ofter death.	DEGREE		22c. DAJE SIGNED
old be detach the State De ORTANT: If It		Wass	2	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	9/15/85
Store ANT:		228. PHYSICIAN'S WAME TOPE O	R PRINT)	220 ADDRESS 148		& LN SUITEZ
with the Sto	1	RAVI TAS	551 M.D.	ROCKVILLE	NID. 2085	
3 3 -	230.	BURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF CEMETERY OR CREMATORY	23d LOCATION	
		(SPECIFY) Burial	9-19-85	Parklawn Mem. Pa		, Montg. Ma
50M 4/B2	24 F	UNERAL DIRECTOR	246 N.	Washington St 250 DA	ATE REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNATURE
15, 4)	C			1110 MD 20850 D		Address of the same

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE OF DEATH 2b HOUR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND - SINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR Secretary 709 Justin Way 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME MIDDLE Umanzor ADDRESS Maria Umanzor, Wife 709 Justin Way, S.S., Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Rt. Intoxcerebal PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 John ten sico 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 CITY OR TOWN COUNTY STATE and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 20910 Spring Mp. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Ship - to Removal Sep 85 San Salvador, El Salvador 250. DATE REC'D. BY REGISTRARIZSD. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 W. Ernest Jarvis Co., Inc., Washington, D. C. who Davidson Banda &

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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFIC	ATE OF DEA	ATH	REG. N	10.		E .
1 DECEASED NAME FIRST	MIDDLE	LAS			20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT) Marion	n Carroll	Vir	cent	444	September	15, 1	L985	11:10P,
3 SEX	4 RACE	5 DATE OF		-	6 AGE IN YEARS LAST BE	RTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Caucasian	Marc	h 12, 1	906	79	YRS	MONTHS DAYS	HOURS MIN.
TO BIRTHPLACE (STATE OF FOREIGN	TO CITIZEN OF WHAT COUNTRY?	8 MARRIED	☐ NEVER MAR	RIED 🗍	9 BALTIMORE CITY	OR COUNTY	Y OF DEATH	
Virginia	United States	WIDOWED	M DIVO	RCED	Montgomer	y Cour	nty.	MI
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OTHER INSTITU	NOIT	120 USUAL OCCUPAT			F BUSINESS OF
Rockville	Rockville Nurs		ome		Homemaker	D. 1101141110 E		Home
USUAL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OR TOW	13c. CITY OR TOWN 13d INSIDE CITY			13e STREET ADDRESS		E 99	850
orth Carolina Ha	alifax Littleto		YES NOTHER'S M	O X	Rt. 2, Box	203	1 41	830/
FIRST	MIDDLE LAST		MOTHER 5 M		MIDDLE		LAS	т
John	Carrol1		Pol1	У		Un	known	
160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	IRITY NO.	7 INFORMANT	Son	3525 Bran	Court	East	32211
No	238-64-7				incent Jr.	Jack	sonvill	e, Fla.
	nly one couse per line for (a), (b), on					The Con-	BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Cardia	ac Arı	ythmia	a			minu	ites
Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ence of oscle	otic h	neart	disease		yea	ars
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF						

9n DATE OF OPERATION

710. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER

NOT WHILE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 19

85

96 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

COUNTY

206. IF YES, WERE FINDINGS USED

YES T

IN CERTIFYING CAUSES OF DEATH?

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

NO [

STATE

224 PHYSICIAN'S NAME ITYPE OF PRINT

sow the deceosed alive on Sept.

AT HOME STREET, FACTORY OFFICE FARM, ETC.)

216. TIME OF INJURY

P.M.

21e PLACE OF INJURY

220.1 certify that (1) (this haspital) attended the deceased from August

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

200 AUTOPSY?

NOK

CITY OR TOWN

Sept. 16, 1985

22c. DATE SIGNED

Patricia D. Kellogg, M.D.

obove, (1) (we) (did) (did not) view the body ofter death

809 Viers Mill Rd., Rockville, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

1236 DATESept. 230 BURIAL, CREMATION, REMOVAL Burial

Beat Swampr Bapte 1 sery Church Cemetery

DEGREE

CITY OR TOWN Littleton North Carolina

Robert A. Pumphrey Funeral Homes, 24 FUNERAL DIRECTOR REGISTRAR 25b. REGISTRAR'S SIGNATURE P.A., Bethesda, Maryland 20814

(file ... et elimina armanda , sider , an

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and the second s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE DECEASED NAME B DATE KNOWN X (TYPE OR PRINT) ESTI-Bessie Rose Vrabek DEATH MATED 19 85 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED 85 Female White Oct. 18, 1890 DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH OR RISTHPLACE (STATE OR MARRIED T NEVER MARRIED X Illinois U.S.A. Montgomery County DIVORCED CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Globe CoalC FOR MOST OF WORKING LIFE)
Secretary 1312 Cresthaven Drive Silver Spring 13d INSIDE CITY FIMITS? 13e STREET ADDRESS Montgomery Maryland Silver Spring 1312 Cresthaven Drive NO [] 15. MOTHER'S MAIDEN NAME FATHER'S NAME Stephen Vrabek Barbara Benier 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 2-Cresthaven Dr 350-07-8471 Barbara Vrabek (Sister) Sil Sng 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial disease IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which chronic myocardial disease. Years gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 10 None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO K 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENSER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING None CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME III. LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy totural couses X death resulted from-Accident Homicide . TITLE (SPECIFY) Deputy 9/4/85 MEDICAL EXAMINER SIGNED. 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery County, Md. TYPE OR PRINT 23d. LOCATION Cremation Lee's Crematory Washington 07/84 24 FUNERAL DIRECTOR 11800-New Hampsh 10-PHE RACP BY REGISTRAR 156 REGISTRAR'S SIGNATURE **DHMH - 17** Hines/Rinaldi F.H. Inc Silver Spring, Md. (VR A15 ME (5))

STATE OF MARYLAND

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C III TO THE STATE OF THE STATE OF

UNIV.BLVD., W., SILVER SPRING, MD. 20901

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

5	2	6	3	9

REGISTRAR				CERTIF	ICATE OF I	DEATH	Pi	G. NO.			
DECEASED NAME	FIRST	-	MIDDLE	i	LAST		20 DATE OF DEA		DAY YEAR	26 HOU	JR
TYPE OR PRINT	Edith		I.	Wa1	ker			9-1	9-85	12.	SE M
SEX		4 RACE		5. DATE C			6 AGE (IN YEARS	AST BIRTHDAY)	IF UNDER I YEAR		
Fema1	e	Caucas	sian	May		1892	9	3 YRS	MONTHS DAYS	HOUR5	MIN.
BIRTHPLACE (S	TATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		_	9 BALTIMORE	1113		1	
Rhode Is	land	United	States	WIDOWE	D NEVER	VORCED T	Montg	omery C	Ounty		ME
CITY OR TOWN	OF DEATH		HOSPITAL, NURSI	NG HOME C		beaut	12a USUAL OCC	UPATION	12b KIND C	OF BUSINE	
Rockvil	le		th FACILITY, GIVE STREET C Valley		ng Home	2	Homema		Own H		
SUAL RESIDENCE	(IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)						TOME	
laryland	Mont	gomery	Gaithers		13d. INSIDE C	NO X	19404 F			0879	
FATHER'S NAME				0		S MAIDEN NA		aber co	uic / 20	1017	
FIRST	Not	Availa	11e				Not Ava	ilable	A.J	S1	
WAS DECEASED	EVER IN U.S. AF	RMED FORCES?	16b SOCIAL SECURITY NO. 17 INFORMANT				ADDRESS Same as item #13				
NO OR UNKNO	(IF YES, GI	VE WAR OR DATES)	038-28-7	7887	Mr. Richard I. Walker, Grandson,						
cause (a), underlying	to immediate stating the cause last.	(c)	R AS A CONSEOU		NOT RELATED	do THE TERM	MINAL DISEASE OR	CONDITION		(a	
190 DATE OF C	OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY	IN CER	YES, WERE FINDI TIFYING CAUSES YES []	NGS USED S OF DEAT	TH?
	WAS UNDERLYING		FINJURY M. MONTH D	AV VEAD	21c HOW IN	JURY OCCUR	RED (ENTER NATURE C		8 PART OR PART 2)		
e 1	NG CAUSE OF DE	All I		19							
21d INJURY C	CCURRED	21e. PLACE	OF INJURY	EARM ETC)	211 LOCATIO	N	CITY	ORTOWN	COUNTY	S	TATE
WHILE AT WORK	NOT WHILE AT WORK	(WITHOUT STA	ett, merour, ornee,	1		Col	1	1 to	0	-	
	that (1) (this hasp			rek		. 19 0 7	_, to 20	10 17	190)	that (I) (w	e last
saw the above, (1)	deceased alive on	at) view the body	after death.	, or	id that in (my)	(egg opinian	death accurred on	the date and h	our and from the	couses sto	ited
- OL	NS NAME ITHE	9	for	m	TZIA ADDRES	TTENDING PHYSICIAN S	MEDICAL PROPERTY PARTY	STAFF HYSICIAN []	Sep	J19	19
WAL	Ter E.	600			230	9 5	horer	=1010	Rda	then	ton
30 BURIAL, CREMA (SPECIFY) Crema		Septem 19	mber 1985 Me		litan (23d. LOCATION CITY OR TO	andria	COUNTY	/irei	nia

BP.

TO FUNERAL DIRECTOR:

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

MPORTANT: If Item 21 is marked or Item 18 stigws ony injury, ar other troumatic event, the

should be detoched for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

P.A., Rockville, Maryland

Robert A. Pumphrey Funeral Homes, 250. DATE REC'D. BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE

STREET STREET FT 33 42 ft 32 12 12 30 3 -THE HINE IN THE STATE OF THE ST

ATE 10 - 1 true 1 10 - 115 A SECRETARY OF THE SECR Total Harmon Carlo Contract Co Comments of the Comment of the Comme THE REPORT OF THE PROPERTY OF

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

280004

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

REG. NO.

	E OR PRINT)		. A.		20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
	Leo	A	Wan	amaker		1-27-85	745p
3. SE	X	RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DAYS	
	Male	Whit	e 0		CP	YRS	
70.8	FIRTHPLACE STATE OR FOREIGN 7 COUNTRY)	b. CITIZEN OF W	MARR COUNTRY?	IED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
N [0, c	PCCA OH	US L NAME OF W		VED DIVORCED	Monto	omery	MD.
1	MACOUN OF BEATH	NE NOT IN SUCH	OSPITAL, NURSING HOME FACILITY GIVE STREET ADDRESS	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	WORKING LIFE INDUSTR	
USU	JAL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION G	SIVE RESIDENCE BEFORE ADMISSION	reaton	MAIECURAN	IC DAIR	<u> </u>
M		GOMERY	SILVER SPRIN		13e STREET ADDRESS /		20906
2	Chyde "	C.	Waramake	MARY	JANE	Par	-ke
		WAR OR DATES)	166 SOCIAL SECURITY NO	17 INFORMANT	ADDRE		
	NO I		985-03-01	NO DURIS RUDNE	EY DAUGHTER		
	PART I. DEATH WAS CAUSED	ane cause per li BY:	ine far (a), (b) and (c)				NONSET AND DEATH
	IMMEDIATE	CAUSE (a)	KEMIN			3	YEAKS
		DUE TO, OR	AS A CONSEQUENCE OF	LEROTIC	in Accuse	AR DICE	MCI
	Canditians, if any, which gave rise to immediate	(b) H	RIERIUSC	110111	MACUU	TIC VYDO	7735
							,,,,
	cause (a), stating the underlying cause last	1	AS A CONSEQUENCE OF				
	cause (a), stating the underlying cause last	(c)					
NOI	cause (a), stating the	(c)					
CATION	cause (a), stating the underlying cause last	ONDITIONS <u>COM</u>		IT NOT RELATED TO THE TERM		DITION GIVEN IN PART I	Tra
STIFICATION	cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>COM</u>	ntributing to death bu	IT NOT RELATED TO THE TERM	ninal disease or coni	DITION GIVEN IN PART I	DINGS USED
CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CON 19b. CONDITI	NTRIBUTING TO DEATH BUILDING TO DEATH BUILDING TO DERATE	JT NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO	DITION GIVEN IN PART I 706. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO []
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CON 19b. CONDITI	NTRIBUTING TO DEATH BUTTON FOR WHICH OPERATION OF THE PROPERTY	ON WAS PERFORMED 21c HOW INJURY OCCURI	200 AUTOPSY? YES NO	DITION GIVEN IN PART I 706. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO []
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	Cause 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEAT OF CAUSE OF DEAT OF CONTRIBUTION OF CAUSE OF DEAT OF CONTRIBUTION OF CAUSE OF DEAT OF CONTRIBUTION OF CAUSE OF DEAT OF CONTRIBUTION OF CAUSE OF DEAT OF CONTRIBUTION OF CAUSE OF CA	21b. TIME OF HOUR A.M. 21b PLACE OF IAT HOME STREE	INTRIBUTING TO DEATH BUTTON FOR WHICH OPERATION OF THE PROPERTY OF THE PROPERT	ON WAS PERFORMED 21c. HOW INJURY OCCURI 21l. LOCATION STREET DEGREE ATTENDING PHYSICIAN	TINAL DISEASE OR CONI 200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES VIN ITEM 18 PART 1 OR PART 2) VIN COUNTY THE AND HOLD AND THE AND T	STATE STATE A that (I) (A certast the causes stated to the state of
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DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR

FRANCIS J. COLLINS 500 UNIVERSITY BLVD. W. SILVER SPRING, MD.

COURTLAND, TRUMBULL, OHIO

REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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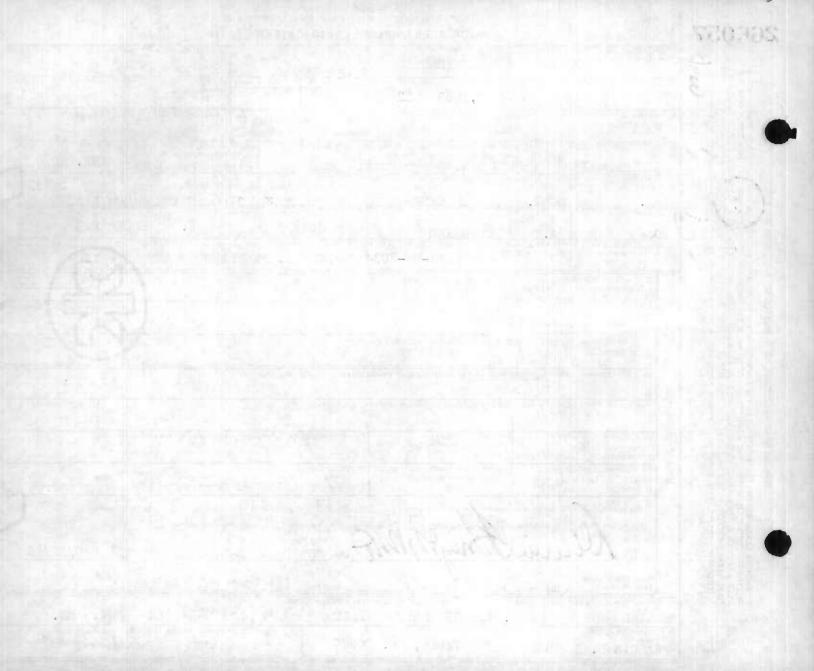
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 275163 REG NO I. DECEASED NAME 2a DATE KNOWN I (TYPE OR PRINT) ESTI DEATH MATED ! 3 SEX 6 AGE (IN YEARS DATE PRONOUNCED 9 BALTIMORE CA Y OR COUNTY OF DEATH MARRIED DIEVER MARRIED FOREIGN COUNTRY) U.S.A. N.Y.C. WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION LTYPE OF YORK OR INDUSTRY OPTICAL. PRACTICE OPTICIAN 130 STATE 13c CITY OR TOWN NO. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE GREENBERG BAYLA WENGER JACOB 17 INFORMANT 13112REBEAVER TERR. DEVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WENGER ROCKVILLE MD. 086-12-5581 MRS. MURIAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) OF HEALTH CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO ARDED TO THE CAGE 3 SHOULD BE LATE DEPARTMENT CATE DEPARTMENT (20) PRIOR TO BUT 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 22a. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinian Hamicide Undetermined manner PAGE 4 SHOULD R TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARY TITLE (SPECIFY) SIGNATURE EXAMPLER'S NAME 1919 SEMINARY JOHN S ROGERS DR. TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL 9-23-85 PARKLAWN CEM. 07/B4 24 FUNERAL DIRECTOR 25M 25a. DATE REC'D. BY REGISTRAR MI170 ROCKVILLE PKORESS ROCKVILLE MD. DANZANSKY-GOLDBERG MEM CHPS INC. **DHMH - 17** (VR A15 ME (51)

(VRA 15, 4)

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	ge 4 mo	3. SE	MALE	4. RACE CAUCAS:	IAN	5. DATE O	1,1908	YEAR 6. AG	GE (IN YEARS LAST	BIRTHDAY) M	FUNDER I YEAR	HOURS MIN.
	Barry Po		RTHPLACE (STATE OR FOREIGN COUNTRY) VEW YORK	76 CITIZEN OF	WHAT COUNTRY	MARRIED WIDOWE	NEVER M	ARRIED 7 BA		OR COUNTY	OF DEATH	MI
-0	s offer d	17	LVER SPRING	(IF NOT IN SUC	HOSPITAL, NURSI CHEACILITY, GIVE STREE GE HILL	T ADDRESS)		(TYPE	USUAL OCCUPA	ATION STOF WORKING LIFE	INDUSTRY	BUSINESS OR
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IIMORE,	in and co		VAS DECEASED EVER IN U.S. (IF YES NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	577-07		K. BRU	NAL REP ICE MILLER		25 ROBEI		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	quires that the death certificate signed by the attending physici hen please remove corbonapope to buriol, cremation, or removal, ijury, or other troumatic event, it	NO	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAI IMMED Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DIATE CAUSE (0) DOE TO, 0 (b) DUE TO, 0	R AS A CONSEQU	JENCE OF	nem or		lespo Thy for	an tack	¥	IATE INTERVAL SSET AND DEATH JAV LON LON LON LON LON LON LON LO
OF VITAL RECOR	Dhysicion. rificate has been alfronsit permit. I altronsit permit. I altron mil. I al Hygiene prior i m. I 8 stors ony in	AL CERTIFICATION	19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERTYING OR CONTRIBUTING CAUSE OF	21b. TIME O DEATH HOUR A.	M. MONTH D	DAY YEAR			AUTOPSY? S NO NO	IN CERTIFY YES		GS USED DE DEATH? NO
DIVISION	NDING PHYSIC I or attending R: After this cei use as the bura lealth and Meni s morked or the	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 220.1 certify that (1) (this ha	21e. PLACE (AT HOME STR	OF INJURY PEET FACTORY, OFFICE,		211 LOCATION STREET	N 19 2 , to	city or	IOWN	COUNTY 9, th	STATE sot (I) (we) los
•	TO HOSPITAL OR ATTER retained by the hospital TO FUNERAL DIRECTOS should be detached for a with the State Dept. of H		sow the deceased alive obove, (i) (will did it did	not) yew the body	711 196	SM.	E-GREE AT	HYSICIAN DIRE	DICAL ST	AFF	120. DA/ES	GNED S
	2 6 6 8 8 8 4 8 4 8 4 8 8 8 8 8 8 8 8 8 8	230 B	URIAL, CREMATION, REMOV	AL 236 DATE	23 c.	NAME OF CE	METERY OR CE	REMATORY 23d	LOCATION		COUNTY	STATE
C	DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	CREMATION INERAL DIRECTOR FRAN NAME 500 UNIV.BLVD		LLINS			SEP 2	ALEXAL BY REGISTRA 3 1985	AR 355 REGISTR	VIRG ARS SIGNATU	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE 266057 MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN X MONTH 7b. HOUR TYPE OR PRINT OF ESTI-HOYT STEPHEN UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS DEATH MATED Whee land 9 17 1985 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 7d HOUR 3 SEX 5 DATE OF BIRTH DATE 25 BIRTHDAY) 7:58 a 3, 1963 PRONOUNCED JUNE MALE WHITE DEAD 1985 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED KENTUCKY USA WIDOWED DIVORCED Montgomery County, 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 0 CITY OR TOWN OF DEATH 1100 Blk. Spencerville Road Burtonsville CAMERA OPERATOR UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20832 196 COUNTY 13e STREET ADDRESS 34 STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? YES [NO DO MONT MD OLNEY 3700 HAYES MANOR LANE 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME E. MIDDLE LAST SHOEMAKER JOAN WHEELAND ADDRESS 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT I (IF YES, GIVE WAR OR DATES) 214-94-8034 HOYT A. WHEELAND SAME AS # 13 DIVISH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH - TRANSIT PERMIT. I ENTAL HYGIENE, DI OR REMOVAL. 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 310 CERTIFICATION USED AS 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ÓR TO BURIAL, YES X NO [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING TOOMS OF DEATH 17 19 85 Occupant in auto out of control 2+ XEXX 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE PAGE 4 SHOUID BE FORWARDS TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BATTWORE, MARYDAND, 21201 WHILE AT WORK road Spencerville Rd, Burtonsville, Montgomery, MD 220. I certify that I took charge at the remains phiscoped above, held an Inspection and in my opinian death resulted from Homicide Undetermined manner Notural course. TITLE (SPECIFY) * Assistant 9/17/85 EXAMINER'S NAME Dennis F. Smyth, M.D. Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS. 23g, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION LAYTONSVILLE MONT. BURIAL SEPT.21,1985 LAYTONSVILLE MD. 07/B4 24. FUNERAL DIRECTOR FRANCIS H. BARBER LAYTONSVILLE, MD. 20879 **DHMH - 17** (VR A15 ME (5))



		STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
70085		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR				
eoth 3	(1112	Gertru	ude Schmidt	White	Sept. 11, 1	.985 11:1	5 MOI			
D D D	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDA		HRS			
4 10		Female	White	Sept. 26, 1903	81	YRS DATS HOURS	M IN.			
b do		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	RY? 8	9 BALTIMORE CITY OR COUNTY OF DEATH					
15	1	COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery					
24 8	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS	SOR			
13 DC	Ga	ithersburg	3 Cullinan Ct		School Teach		ls			
10 00	USU. 13a	AL RESIDENCE IN NURSING HOME	E OR OTHER INSTITUTION GIVE RESIDENCE BE DUNTY 13c, CITY OR TO		? 13e STREET ADDRESS / ZIF	CODE O O O O	2			
10	Ma		ntgomery Gaithe		3 Cullinan					
10. 10	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST				
125		Richard Schmid		Cather		Moebus				
S OUT		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SI		ADDRESS					
Pog med		NO	579-60	-6266 Son - Willi	am F. White - S	ame as #13				
od.		18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b)		•	APPROXIMATE INTERVA	ATH			
mo wen		PART I DEATH WAS CAU	DIATE CAUSE (0) 450	iration preun	roncer_	3 class				
ding or re of c			DUE TO, OR AS A CONSE	QUENCE OF		0	100			
ove c		Conditions, if any, which		your lyan syn	dim	your				
er fre		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	0						
orh orh		underlying cause last.	(6)	agence of						
n ple		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	ON GIVEN IN PART To				
The or to	CERTIFICATION									
To som	NA O	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20I	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH	?			
how	=				YES NOTE	YES NO				
THY 18 S		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	Company of the transferre	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART ?)				
Hen Hen	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI	INER) P.M.	19						
d A M	AED	214 INJURY OCCURRED	21e. PLACE OF INJURY	CE FARM ETC.) 211 LOCATION STREET	CITY OF TOWN	CIBUNES STA	16			
s th	~	AT WORK NOT WHITE			0.1	-				
		22a I certify that (I) (this ha	ospital) attended the deceased Iro	m	to 7/ //	19.83 , that (1) (we) lost			
use o			6/4	and that in /my/ (aur) anis	ion death accurred on the date of	and hour and from the causes state	ed			
TOR: Affords of Health	(ow the deceased alive	not) view the batty after death.	. Old that in (my) (our) opin						
IRECTOR: Afi hed for use a ept of Health them 21 is ma	(aw the deceased alive allove, (I) (we) (did) (did 22b. SIGNATURE)	on not) view the body after death.	DEGREE		22c. DATE SIGNED				
AL DIRECTOR: Af- letached far use a ite Dept af Health T: If Hem 21 is ma	(not) view the body sitter death.	DEGREE						
	(Milent	DEGREE	G MEDICAL STAFF					
d be det he State	(226. PHYSICIAN'S NAME (14)	Milen	DEGREE ATTENDIN PHYSICIAI	G MEDICAL STAFF	□ Sept.12,1	985			
State State		770. PHYSICIAN'S NAME (17) John R. Melr BURIAL, CREMATION, REMOV	Muliux nick, M.D.	DEGREE ATTENDIN PHYSICIAI	MEDICAL STAFF N X DIRECTOR PHYSICIAN erick Rd., #427	Sept.12,1	985 Md.			
d be det he State RTANT:		220 PHYSICIAN'S NAME (19) John R. Melr	pe OR PROPERTY OF THE PROPERTY	DEGREE ATTENDIN PHYSICIAL ADDRESS 16220 Fred	G X MEDICAL STAFF N DIRECTOR PHYSICIAN erick Rd., #427 RY 23d LOCATION CITY OF LOWN	Sept. 12,1	985 Md.			
d be det he State RTANT:		220 PHYSICIAN'S NAME (19) John R. Melr BURIAL CREMATION, REMOV	people of the pe	DEGREE ATTENDIN PHYSICIAL ADDRESS 16220 Fred ATTENDIN ADDRESS 16220 Fred ATTENDIN ADDRESS COMMENT ADDRESS ATTENDIN	G X MEDICAL STAFF N DIRECTOR PHYSICIAN erick Rd., #427 RY 23d LOCATION CITY OF LOWN	Sept.12,1 , Gaithersburg, a, Va.	985 Md.			

STATE OF MARYLAND

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Fem. 15, 1935					

John A. Mainish, J. P. J. S. Prendrick Rd., K.Y., Wilstenburg, M. J. Cra atia. Seek. 13'25 Matrimusland members alementing Vr. 18'07 Numeral Nov. 4

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

REG. NO

_	1 DECEASED NAME FIRST	MIDDLE	L.	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
	Dorot	hy	Wie	edmann		9	26	85	5:30
	3 SEX 4	RACE	5. DATE C		6 AGE (IN YEARS LAST BE	RIHDAY)		ERIYEAR	IF UNDER 24 HRS
H	FEMALE CA	AUCASIAN	MAY	18.1908 YEAR	77	YR	MONTH!	DAYS	HOURS MIN.
Ź		CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY	OR COU	NTY OF D	EATH	
P	NEW YORK	U.S.A.	WIDOWE		1101	ITGOL	ITDI/		MD
j	10. CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSIN	G HOME C		12a. USUAL OCCUPAT	ION	121		F BUSINESS OR
ř	OLNEY MC	ONTGOMERY GENERA		SPITAL	HOUSEUTER		(G LIFE) IN	DUSTRY	
7	USUAL RESIDENCE (IF NURSING HOME OR OTH 130 STATE	HER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)			1.70			
λ	MARYLAND MONTGO			13d INSIDE CITY LIMITS?	13e STREET ADDRESS			00"	
i	14 FATHER'S NAME		KINO	15. MOTHER'S MAIDEN NA		Mac	BETH	UKI	VE 20906
j	ALEXANDER	BICK		FIRST	MIDDLE			LAS	
F	MA WAS DECEASED EVER IN U.S. ARME		RITY NO.	MARY 17. INFORMANT	ADDR	ESS		RH(ODER
	(YES NO OR UNKNOWN) (IF YES GIVE W	VAR OR DATES) 052-10-2	2025	ADITHE D	05700 044		3		
				ARLENE B. 1	REISS SAM	E AS	13		UGHTER
ij	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED 8	BY. / - /-		cer à Mei	A chi			BETWEEN	MATE INTERVAL ONSET AND DEATH
1	IMMEDIATE C			cer c rieq	KJIKJES			66	worths
		DUE TO, OR AS A CONSEQUE	NCE OF						
	Conditions, if any, which gove rise to immediate	(p)							
	cause (a), stating the sunderlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF						
		(c)							
	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION	GIVEN IN	PART 10	0
	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION	NI WAS DEPENDATED	20a AUTOPSY?	120h IE	VES WEE	E EINIDIN	NGS USED
ļ	JE NO STEEL	i condition to a milet	O' EKATIO!	T THE TENTORINED			RTIFYING		OF DEATH?
į	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO	IDV Ib. ITT	YES []	0.0 + 01.3:	NO []
	OR CONTRIBUTION TO CONCE OF SECTION	HOUR A.M. MONTH DA	Y YEAR	I SON OCCORN	TEMIER MAINE OF INJU	WILLIAM	10 PARI I O	R F ART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211 LOCATION					
	= = 110 HAJOKI OCCORNED	TATE L'ENCE OF HAJORT		EZII EUCHIUIT					

should be detach with the State De

23a BURIAL, CREMATION, REMOVAL BURIAL

MED

9/28/85

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

ody after death

230 NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN

22e ADDRESS

DEGREE

23d. LOCATION STILVER SPRING

CITY OR TOWN

nd that in (my) (aur) apinian death occurred an the date and hour and from the couses stated

COUNTY STATE

22c DAJE SIGNED

STATE

24 FUNERAL DIRECTOR FRANCIS J. COLLINS, DERESS 500 UNIV. BLVD. . W., SILVER SPRING, MD. 20901

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive to 19

NOT WHILE

saw the deceased alive a above (h) (we) (did) did n

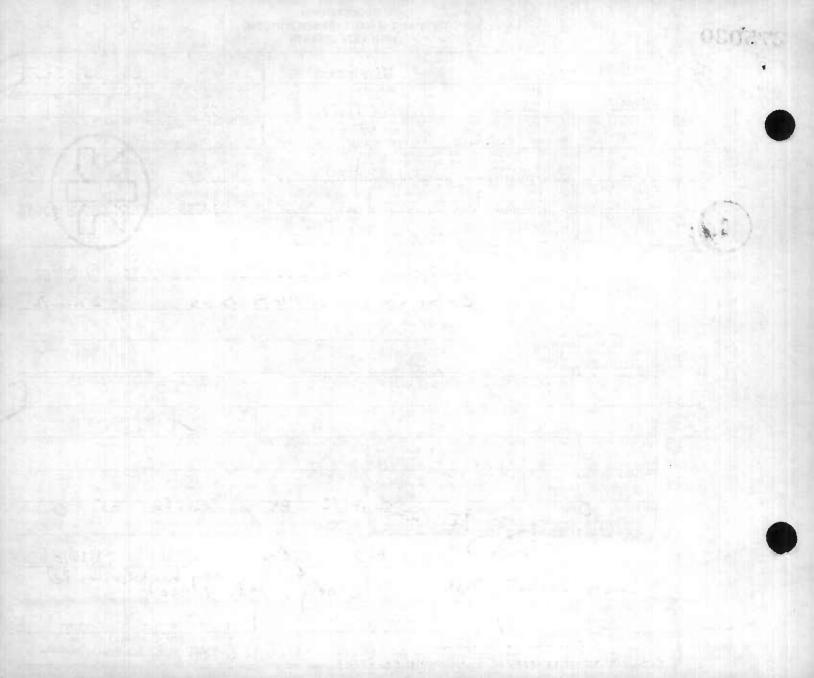
22d. PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Fine Davidson Randalle

COUNTY

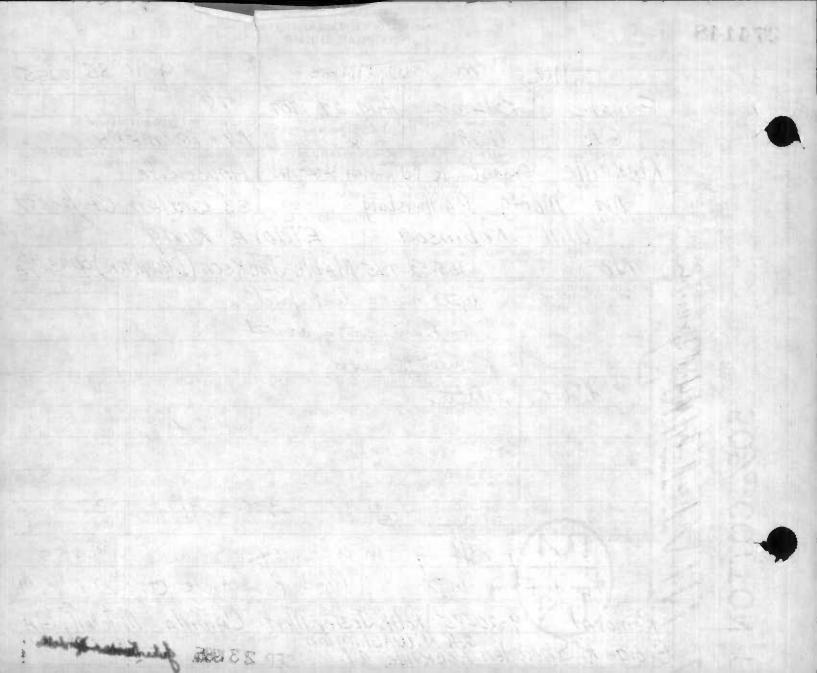
DHMH - 16 60M 7/B4 (VRA 15, 4)



260117	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENES 5 2 6 4 0 1 CERTIFICATE OF DEATH REG. NO.									
moy be r, page 3 fter death	3. SE		2Hy 1 PACE	MIDDLE	5. DATE OF		6 AGE (IN YEARS LAST BIR		2-85	HOUR 158 M UNDER 24 HRS			
Page 4		EMALE RTHPLACE (STATE OR FOREIG	WHIT	WHAT COUNTRY?	0	UARY 10, 1910	75 9 BALTIMORE CITY O	YRS.					
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35			OME OR OTHER INSTITUTION COUNTY ONTGOMERY	ROCKVILL		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE GEORG	2085 ETOWN RI	2 OAD			
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~7	16a V	VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	UNASCERTA		17 INFORMANT E CHARLES WI	GMAN, 12000	OLD G	EORGETON MARVIAN	WN ROAI			
he deeth ce a core to attend in plytte embre corbo appe mation, or remoon		18 CAUSE OF DEATH (ER PART I. DEATH WAS C IMM Conditions, if any, whi gove rise to immedic cause (a), stating t	DUE TO, O		De Clar	du anonar	y asse easylleau	Stolisea	APPROXIMAT BETWEEN ONSE	E INTERVAL			
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	STATE OF MARYLAND
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701 12.20	REGISTRAR CERTIFICATE OF DEATH REG. NO.
. 6-	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
oy be page 3	Willie M. Williams 9 1985 0255m
D modern	3. SEX SEMALE ARCE BLACK S. DATE OF BIRTH AUG. 27, 1907 AGE INVERS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEA
D 1 149	70. BIRTHPLACE LISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED MONTGOMERY MD.
	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST
MD 21.2	USUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 STATE 136 STATE 137 STREET ADDRESS 138 STREET ADDRESS 138 STREET ADDRESS 138 STREET ADDRESS 138 STREET ADDRESS 138 STREET ADDRESS 138 STREET ADDRESS 138 STREET ADDRESS 139 STREET ADDRESS 130 STREET
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LA COMORA	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 255-52-7965 MABLE JACKSON (DAUGHTER) SAME AS
3 (13)	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
Z even	PART I. DEATH WAS CAUSE (a) Quite myoc ardialmarcher
ON S the central state of the	DUE TO, OR AS A CONSEQUENCE OF
EST deor tion, tion,	Conditions, if any, which (1) Cardioresperatory arrest
The months	gave rise to immediate cause (a), stating the underlying cause last. Output Due to, or as a consequence of (c) Output Due to, or as a consequence of (c)
8 1115	PART 2 OTHER FIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
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ALRECO ALRECT AND THE TOTAL THE TOTA	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OF VIE	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
TSION TENON	216 NJURY OCCURRED 216 PLACE OF INJURY AND WHILE ON ON WHILE OF INJURY AND WHILE OF INJURY 211. LOCATION STREET CITY OR TOWN COUNTY STATE
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Catholic Plan	270.1 certify that (I) (this haspital) attended the deceased fram 19
Pept New York	220. SIGNATURE DEGREE 221, DATE SIGNED
1 2 0 0 7 m	Man Man Attendings Medical Staff Physician Spirector Physician 7/19/85
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Land Street, St. Co.	230 BUBLAL, CREMATION, REMOVAL 236 DATE 23/MAME OF CEMETERY OR CREMATORY 230 LOCATION 28.85
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DHMH - 16 50M 4/82	Goods R. Spanden De N. WAShiryton
(VRA 15, 4)	Delige 1. Chooden Rockville, Illa. SEP 23 800



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ATT SEIS WISCOSIN ME., SHIVESIM, UT

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y be	I DEC	CEASED NAME FROM		MIDDLE		KOWSKI	20. DATE OF DEATH MONTH	26-1385 800 A. A
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uneral di	B	RTHPLACE (STATE OR FOREIGN OLAND	U.S.A		WIDOW		MONTGOMERY CO	UNTY
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TAL OR y the hosp RAL DIR detached tate Dept INT: If Ite		220 SIGNATURE	Flahen	1. Dete	- A		MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSPITAL OR AT retained by the hospital TO FUNERAL DIREC should be detached for with the State Dept. of IMPORTANT: If Item		6713	wolson.	TEPHEN W.	DEJT	BEPHE	STIP WILSON LAN	2.0-
BP		urial, cremation, remi IRTAL	9/29	/1985 136	ING BA	VI B "MEMBRIAL"	GARDEN TOWALLS (CHURCH, VIRGINIA
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the grade yet a resident

57108	1	FOR - STATE REGISTRAR		DEPA		5 2 6 4 0 REG. NO.				
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moy r, pog fter de	3. SI	X	4. RACE	Ale	5. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIR	HDAY) IF I	INDER I YEAR IF	UNDER 24 HRS
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lled in b	USU 130.	JAL RESIDENCE (IF NURSING HOM STATE 1136 CO	e or other institution DUNTY ntgomery	13c. CITY OR T	OWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 199 Rolliv	A Augus	iquor	gote
nd 2 show	14. F	ATHER'S NAME Mordecai	MIDDLE	Woll		15 MOTHER'S MAIDEN NAMES THE STREET		is Aveni	Côhe	10
Poges 1 or		WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL S 100-10-	ECURITY NO.	17. INFORMANT Barbara A. B	Sernard 1996	of Old (Columbi	
low requires that the decritions is been signed by the othersial error. Then please remotion exprint to burial, cremation is any part to burial.	CERTIFICATION	Conditions, if any, which give rise to immediate to one in totaling the underlying couse lest. PART 2 OTHER SIGNIFICAN 19s DATE OF OPERATION	DUE TO, C		QUENCE OF	NOT RELATED TO THE TERM. N WAS PERFORMED.	28s AUTOPSY?	ZON IF YES, W	IN PART 1(a) FERE FINDING: GC CAUSES OF	S USED F DEATH?
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rer this ceri s the buria	MEDICAL	214. POJURY OCCURRED	Die PLACE	OF INJURY	EE FARM STC)	THE LOCATION	CIT OF TO	NH NH	COUNTY	STATE
RECTOR: Af hed for use of pt. of Health		22s.1 certify that (II) (this lie sow the deceased of the above, It (we) (did can 22s. SIGNATURE	77/11	he deceased fro y after death.	ECH SO	19	eath occurred on the do	te and haur ar	and the second second	r (1 (lai uses stated SNED
etained by the TO FUNERAL DI should be detacl with the State Di		228 PHYSICIANS HAME IN MYRON	HORMONI)	LEWK	(IN)	ATTENDING PHYSICIAN C	MERCAL STAP	EFIE	136	40
	73к.	BURIAL CREMATION, REMOS	734 DATE 9/15/	1985	Mount a	emetery of Crematory Lion Cemetery	NEW YORK	, .	ou New Y	orkini
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in by the funeral director, page 3 pe filed within 72 hours offer death

FOR

DEPA

STATE OF MAKTLAND	
RTMENT OF HEALTH AND MENTAL HYGIENES	
CERTIFICATE OF DEATH	

= STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.			
(TYPE OR PRINT)	IN-SUN	MIDDIE	W	0NG	2a DATE OF DEATH	MONTH 9 -	5 · 8	0.5	
3 SEX 2 Male	4. RACE Orien	tal 🗸	S. DATE C		6. AGE (IN YEARS LAST I	YRS.		AYS HOURS	ER 24 HRS
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Takoma Park	Washin	gton Adve	address) ntist	Hospital	12a USUAL OCCUPA (TYPE OF WORK FOR MOS' Retired-C	OF WORKING	LIFE) INDUS		VESS O
THE RESERVE OF THE PARTY OF THE	s home or other institution is COUNTY Nontgomery	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Wheaton		13d. INSIDE CITY LIMITS? YES X NO _	13e STREET ADDRESS 2203-Reed	ie Dr	ive 2	0902	
FATHER'S NAME FIRST KEE	YIP	Wong		Shuey	LAN		L	ee	
160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (#F YES, GIVE WAR OR DATES)	220-06-5		17 INFORMANT Halana M.C.Y		ress er) Si	ame as	#13	
Canditions, if ony, y gove rise to imme cause (a), stating underlying cause	which (b)_	P AS A CONSEQUI	ENCE OF	NUMINARY OSIS. ORENAL S					
	ICANT CONDITIONS	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION G	IVEN IN PAR	RI Ito	
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OR CONTRIBUTING CA	USE OF DEATH HOUR A	DE INJURY .m. MONTH D. .m.	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF IN	SURY IN ITEM I	B PARI I OR PAR	7 2)	
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226. SIGNATURE	(),	0		DEGREE ATTENDING	MEDICAL ST	AFF		ATE SIGNE	D

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to morked or Hem 18

IMPORTANT: If them 21 is

Cremation J.Wm. Lee's Sons Co. 300-4th St., NE, Wash., DC20008

23a BURIAL, CREMATION, REMOVAL

23b. DATE Sept. 8, 1985 231 NAME OF CEMETERY OR CREMATORY Lee's Crematory

22e ADDRESS

23d LOCATION
CITYORTOWN

Washington, District of Columbia

25a. DATE REC'D

SPENS ST. SILVER SPENK MIL

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Tout. . . . Loc s Orematory

J. Mm. Lee's Fons Uo. 30 - 42% St., ME, Mash., DO20002

warm never, Diserte of October

DEPARTMENT OF HEALT	U WIAD WELLI VE U LOIE	INE O S	
MEDICAL EXAMINER'S	CERTIFICATE OF DE	ATH REG. NO.	
MIDDLE	LAST	20. DATE KNOWN X MONTH	DAY YEAR 26. HOUR
J. W	lood	DEATH MATED 0	24/19 85 N
BIRTH 6. AGE (IN YEARS IF L	JNDER 1 YR. IF UNDER 24 HRS	. 2c DATE MONTH	DAY YEAR 2d HOUR 6:09
	NTHS DAYS HOURS MIN	DEAD 9/	24/19 85 P M
LOE WHAT COUNTRYS	DIED NIEVED MARBIED 🕅	9. BALTIMORE CITY OR COUNT	
		Montgomery Cour	ntv. MD
		SUAL OCCUPATION (TYPE OF WORK	
			Construction
UTION, GIVE RESIDENCE BEFORE ADMISSION)		7.00	19/19363
Stewartstown	YES NO NO	1 Oakwood Height	ts Box2422
124	15. MOTHER'S MAIDEN NAM	AE MIDDLE	LAST
book	Shirley		Bush
S? 166. SOCIAL SECURITY NO.	17 INFORMANT	31 Oakwood He	ights, Box2422
218-78-3716	Shirley Wood	Stewartstown,	Pa.
per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	iple Injuries		
TO, OR AS A CONSEQUENCE OF			
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TO, OR AS A CONSEQUENCE OF			
O DEATH BUT NOT RELATED TO THE TERMINAL DISE.	ASE OR CONDITION GIVEN IN PART 1 (a)		
CONDITION FOR WHICH OPERATION	WAS PERFORMED?		In AUTORSYA
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STATE OF MARYLAND

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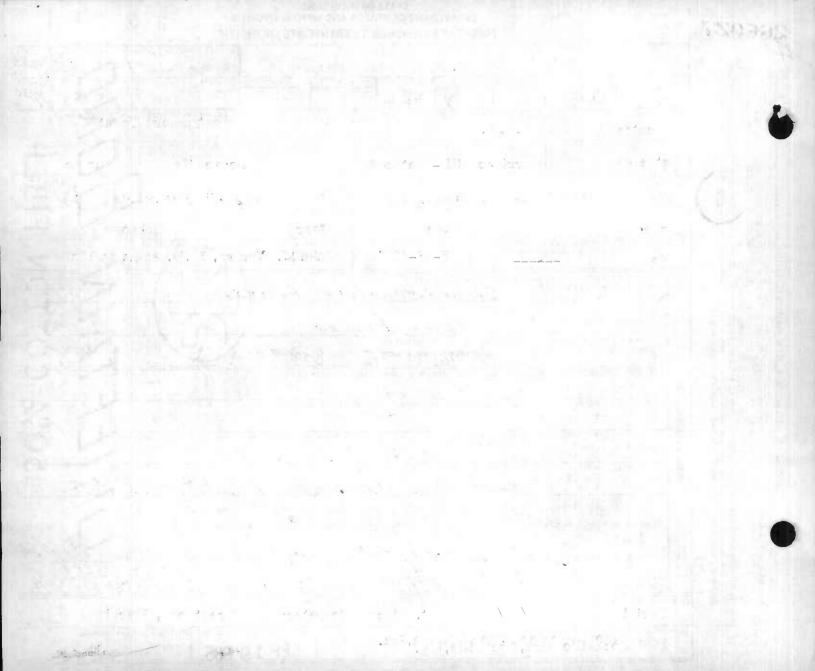
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STATE OF MARYLAND

1- FOR STATE REGIST	TRAR			AND MENTAL HYGIERTIFICATE OF DE	9	6 4 1	And well distribed
1. DECEASEI (TYPE OR PRIN				yman	20. DATE KNOWN [OF ESTI- DEATH MATED [26. HOUR 1930
3. SEX	1. RACE	MONTH DAY YEAR	9 YRS. MONTHS	ER I YR. IF UNDER 24 HR.	PRONOUNCED DEAD	MONTH DAY YEAR 9 13 1965	2d. HOUR - 1930 M
FOREIGN CO	ace (State or OUNTRY) ntucky	U.S.A.	WIDOWED	DIVORCED		ry County	MD.
Bethe		11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY GIVE STREE Carriage Hill -	Bethesda	RINSTITUTION 120 U	SUAL OCCUPATION (TY OR MOST OF WORKING LIFE) Housewife	PE OF WORK 12b. KIND OF B OR INDUS Home	USINESS TRY
130. STATE	MINN TO		RIOWN 13	YES NO 1		MLAND DE	0852
Jose	ST	Kane		5. MOTHER'S MAIDEN NA! Mary 7. INFORMANT	MIDDLE	J nknown	
No.	OR UNKNOWN) (IF YES, GIVE W	(AR OR DATES) 578-2	8-4767		man, M.D.	same as 13e	
18: CA	ART I DEATH WAS CAUSED	ECAUSE (a) CARDIO-K	ESPIRATEI	ey FAILU	RE	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
9	onditions, if any, which ove rise to immediate	(b) RENA	LL FAILL	IKE		2 u	'Ks
<u>_ly</u>	ouse (a) stating the <u>under-</u> ring couse lost.	DUE TO, OR AS A CONSE	SCLERUSIS	GENTRAC	1700	154	r
		ONTRIBUTING TO DEATH RUT NOT RELATED CARCIA	OMA				
HE L	ATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS	PERFORMED?		20. AUTOPSY	? NO [4
	KTERNAL CAUSE WAS RLYING OR RIBUTING CAUSE OF DI	216. TIME OF MURY HOUR AM. MONTH DA	AY YEAR	INJURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	44
WEDICAL MEDICAL	STREET, FACTORY, FARM, EYC.) NURSING HOL	AT HOME, 21f. LOCA	TION	CITY OR TOWN	COUNTY MANY	STATE	
22 d		of the remains described above,	held on Autapsy	, Inspection P.	Inquiry 4, or	nd in my opinion	,B
ARYL	1	Min	, Suicide ,	TITLE (SPECIFY)	etermined monner,	DATE C//	der
EXAM	INER'S NAME OR PRINT)	mes C 1	MAYLE	DRESS 8200 WISC	DICAL EXAMINER	BETHESSA	Yes
	REMATION, REMOVAL 231		t. Lincoln	REMATORY 23d. 1	OCATION	Maryland s	TATE
24 FUNERAL	DIRECTOR	ler Funeral Honike, Rockville, Mo			SY REGISTRAR 1256. REG	ISTRAR'S SYCALATURE	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

Nancy Shu-Teh Cheng Yang Set	64 VRS LTIMORE CITY OR COUNTY OF Montgomery JSUAL OCCUPATION OF WORK FOR MOSE OF WORKING LIFE)	DOUBLE 1 YEAR IF UNDER 74 HRS. WITHS DATS HOURS MIN. FEBRUARY 12b. KIND OF BUSINESS OF INDUSTRY NA 11. Resources Cor
3. SEX Female Chinese Chinese 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nanking, China 175. CITIZEN OF WHAT COUNTRY? Nanking, China 175. CITIZEN OF WHAT COUNTRY? Nanking, China 175. CITIZEN OF WHAT COUNTRY? Nanking, China 175. CITIZEN OF WHAT COUNTRY? Nanking, China 175. CITIZEN OF WHAT COUNTRY? Nanking, China 175. CITIZEN OF WHAT COUNTRY? Nanking, China 175. CITIZEN OF WHAT COUNTRY? Nanking, China 175. CITIZEN OF WHAT COUNTRY? Nanking, China 175. CITIZEN OF WHAT COUNTRY? Nanking, China 175. CITIZEN OF BIRTH December 177, 12920 186. WARRIED DIVORCED 186. CITIZEN OF BIRTH December 177, 12920 186. WARRIED DIVORCED 186. CITIZEN OF BIRTH December 177, 12920 186. WARRIED DIVORCED 186. CITIZEN OF BIRTH December 177, 12920 186. CITIZEN OF BIRTH December 177, 12920 186. WARRIED DIVORCED 186. CITIZEN OF BIRTH December 177, 12920 186. CITIZEN OF BIRTH December 177, 12920 186. CITIZEN OF BIRTH December 177, 12920 186. CITIZEN OF BIRTH December 177, 12920 186. CITIZEN OF BIRTH December 177, 12920 186. CITIZEN OF BIRTH December 177, 12920 186. CITIZEN OF BIRTH December 177, 12920 186. CITIZEN OF BIRTH December 177, 12920 186. CITIZEN OF BIRTH December 177, 12920 186. SAC CITIZEN OF BIRTH December 177, 12920 186. BALL DIVORCED 187. BALL DIVORCED 187. BALL DIVORCED 188. CITIZEN OF BIRTH December 177, 12920 188. CITIZEN OF BIRTH December 177, 12920 188. CITIZEN OF BIRTH December 177, 12920 188. CITIZEN OF BIRTH December 177, 12920 188. CITIZEN OF BIRTH December 177, 12920 188. CITIZEN OF BIRTH December 177, 12920 188. CITIZEN OF BIRTH December 177, 12920 188. CITIZEN OF BIRTH December 177, 12920 188. CITIZEN OF BIRTH DECEMBER 177, 12920 188. CITIZEN OF BIRTH DECEMBER 177, 12920 188. CITIZEN OF BIRTH DECEMBER 177, 12920 188. CITIZEN OF BIRTH DECEMBER 177, 12920 188. CITIZEN OF BIRTH DECEMBER 177, 12920 188. CITIZEN OF BIRTH DECEMBER 177, 12920 188. CITIZEN OF BIRTH DECEMBER 177, 12920 188. CITIZEN OF BIRTH DECEMBER 177, 12920 188. CITIZEN OF BIRTH DECEMBER 177, 12920 189. BALL	LITIMORE CITY OR COUNTY OF MONTGOMERY USUAL OCCUPATION OF WORKING LIFE) ACTION OF WORK FOR MOST OF WORKING LIFE) TREET ADDRESS / ZIP CODE 512 Leesburg P1	UNDER 1 YEAR IF UNDER 24 HRS. WITHS DATS HOURS MIN. FEATH 12b. KIND OF BUSINESS OF INDUSTRY NA 1 1 . Resources Cor
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10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 UP 12 UP	TREET ADDRESS / ZIP CODE 512 Leesburg Pl	Resources Con
136. STATE Maryland Montgomery Bethesda 136. STATE Maryland Montgomery Bethesda 137. CITY OR TOWN Bethesda 138. STATE Maryland Montgomery 14. FATHER'S NAME Liang Ping MIDDLE Cheng 15. MOTHER'S MADIDEN NAME YES X NO 15. MOTHER'S MADIDEN NAME YOUAN 15. MOTHER'S MADIDEN NAME YOUAN 17. INFORMANT Shu-Chin Yang, 8 18 CAUSE OF DEATH (Enter only one cause per line for ici., (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	512 Leesburg Pl	
Idang-Ping MIDLE Cheng LAST Yuan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT (YES NOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for io), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIAC + RENAL FOR IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF		
(18 CAUSE OF DEATH LEnter only one couse per line for Iol, (b), and Ichin Yang, and Ichin Yang one couse Der line for Iol, (b), and Ichin Yang		Wu
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIAC + RENAL F DUE TO, OR AS A CONSEQUENCE OF	same as #13	
gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	CANCER	IN PART To
TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF CAUS	S NO YES	VERE FINDINGS USED NG CAUSES OF DEATH? NO 1 1 OR PART ?
270. I certify that (1) (this haspital) attended the deceased fram 2-2, 19, 35, to saw the deceased alue on 19, 85, and that in (m) (aur) apinion death of the control of t	o	9/17/85
236 BURIAL, CREMATION, REMOVAL 23b DATE 9/19/1985 Cremation 23d Chame of Cemetery or Crematory Cedar Hill Crematory 23d	Potomac, MD 20	

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Tulia Savidson-Randall

- 1								REG. NO.			
4		CEASED NAME FIRST		WIOOFE	l.	AST		F DEATH MON			26 HOUR
	HITPE	Nelson	n Edv	ward	Yate	S	Septe	ember 10	, 198	35	12:35 PM
	1 SEX		4 RACE		5. DATE C		6 AGE (IN	YEARS LAST BIRTHDA	() IF	UNDER I YEAR	IF UNGER 24 HRS
0	U. I	male	White		11	23 1915	1	70	YRS MO	INTHS DAYS	HOURS MIN.
ũ		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIM	ORE CITY OR CO	1110	FDEATH	
		EW YORK	U.S.A		WIDOWE			MONTGO	MERY		MD.
6	10 CI	TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		OCCUPATION	PKING HEEL	126 KIND C	OF BUSINESS OR
		lney		nery Gene		ospital		HASER	,,,,,	I.B.	.м.
	USUA 130. S	TATE 13b. CI	ME OR OTHER INSTITUTION OUNTY	13c CITY OR TOW	N	113d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS / ZIF	CODE		
/			NTGOMERY	SILVER S	PRINC			ADDRESS / ZIF	ISCOT	DRIVE	E 20906
1	14 FA	THER'S NAME	WIDOLE	LAST		15. MOTHER'S MAIDEN NA	ME	WIODIE		_ LAS	SJ
1		HARRY	В.	YATES		MARIE				RO	CHE
		ES, NO OR UNKNOWN) (IF YE	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	1550	ADDRESS			
		YES U	WII	578-12-1	120	ROSEMARY Y	AIES	SAME A	S 13		WIFE
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per USED BY:							BETWEEN	ONSET AND DEATH
	3		DIATE CAUSE (o)		cenes	novascular 1	4-CELDE	775		2	weeks
1		X V CENT	DUE TO, O	R AS A CONSEQUE	NCE OF						
		Conditions, if ony, which gove rise to immediate									
	- 11	couse (0), stating the underlying couse lost	1000,0	R AS A CONSEQUE	NCE OF						
	- ((c)	ALIEN TO TO S							
	Z	PART 2 OTHER SIGNIFICAL	Chr	DNIKIBUTING TO D	al Fo	NOT RELATED TO THE TERM	AINAL DISEA	Telletie	ON GIVEN	IN PART 10	0
f	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUT	OP5Y? 208		WERE FINDI	
	TIFIC		13				YES	NO NIN	CERTIFYII YES		OF DEATH?
	CER	210. ACCIDENT WAS UNDERLYING	110000			21c. HOW INJURY OCCUR		4-			
		OR CONTRIBUTING CAUSE O	- GEATH	M. MONTH DA M.	Y YEAR	Land to the second					
8	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION		CITY OR IOWN		COUNTY	STATE
9	×	AT WORK AT WORK	(AI HOME SIN	REET, FACTORY, OFFICE, FA	IRM, ETC.)	SIREET		CITTORTOWN		0001411	STATE
		22a I certify that (I) (this h	expital) attended th	e deceased from_	Aug	ns+ 25 19 35	, to	Septembe	r 1019	35	that (I) (we) lost
1		sow the deceased alive above, (1) (**********************************	d not) view the body	ofter death.	, or	nd that in (my) cour) opinion	death occurr	ed on the date o	nd hour o	ind from the	causes stated
		226. SIGNATURE	3	Leves.	44.5	DEGREE				22c DATE	
		(ieces,	7.0		MEDICAL DIRECTOR	STAFF PHYSICIAN		Septe	mbes 11, 1985
		22d. PHYSICIAN'S NAME IT				22e ADDRESS					- 0-4
		Barry He				3929 FERRAM	ua balve	e when	MON	ב פרייו	10406
		URIAL, CREMATION, REMOVED PECIFY)	VAL 236. DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d LOC	ATION		COUNTY	STATE
		BURIAL	9/13/	'85 GA	TE O	F HEAVEN		VFR SPR		MONT	

NERAL DIRECTOR FRANCIS J. COLLINSDRESS.
500 UNIV.BLVD.W., SILVER SPRING, MD. 20901

DHMH - 16 60M 7/84 (VRA 15, 4)

DHMH - 16 60M 7/84 (VRA 15, 4)

BURTAI

DONALDIRATORSTEIN HEBREW

232 CARROLL STREET, N. W., WASHINGTON, D. C.

STATE OF MARYLAND

25e DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

EMEMORTALLY GARDEN THALLS CHURCH; VIRGINIA

GROCERY

BOTKIN

NO

STATE

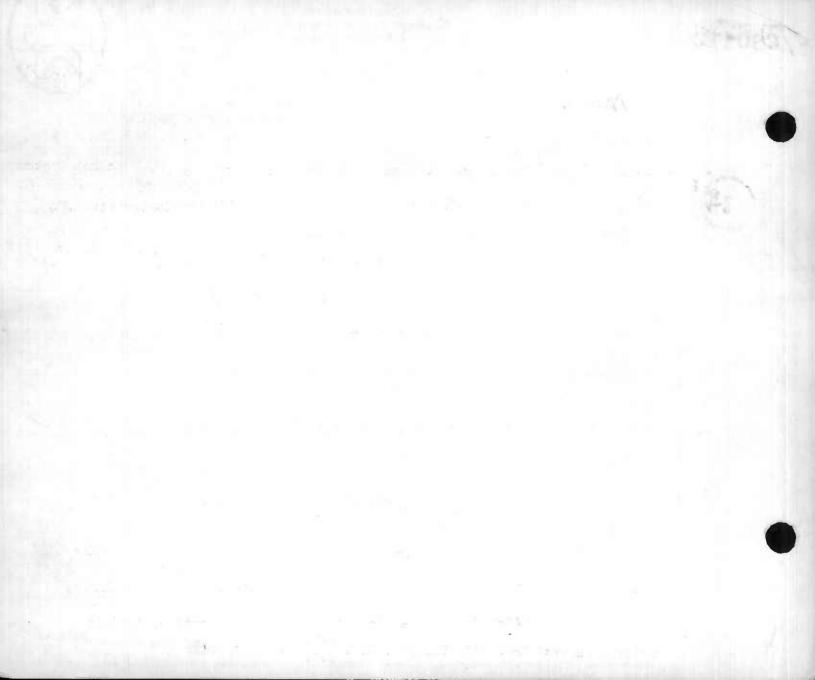
COUNTY

22c DATE SIGNED

ROAD

SELUES Zach State Walter Ses 85 F 1 7 A 1 A 7

280112	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 5	26415
COULTA	I. DECEASED NAME	IRST MIDDLE	LAST		AONTH DAY YEAR 26 HOUR
4 55	(TYPE OR PRINT)	4N S	YOUNG	7	27 85 4.28 PM
ge 4 ma note: pa n after o	3. SEX	4. RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR 3 3/ 2 3	6. AGE LIN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
Pa 100	BIRTHPLACE (STATE OR FOR COUNTRY) NORTH CAROL	1.0	TRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	- M. W. 70	COUNTY OF DEATH O HERT COUNTY MD.
1 1 1 1	SILVER SPRIM	A THE MOT IN CHICK SACILITY CIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) SPITTAL OF SILVER SILVER	TEACHE	working LIFE School System
NO 212	USUAL RESIDENCE (# NURSING	HOME OR OTHER INSTITUTION GIVE RESIDENCE	TOWN 13d. INSIDE CITY LIMIT YES NO	. 169	ZIP CODE Cington St. S.W.
100	Thomas	MODIE GOUL	15. MOTHER'S MAIDER	Anna- MIDDLE	Young
IMORE,	160. WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? 16b. SOCIAL FYES, GIVE WAR OR DATES) 244	SECURITY NO. 17 INFORMANT SU. M- 965/ GIVLO 1. SU	AQ D / C / / AD	CKR 500 - C PY BETWEEN ONSET AND DEATH
been signed by the attending a been signed by the attending a prior to buried, committee, or remony, ar other traumotic event	Conditions, if ony, or gove rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNII	DUE TO, OR AS A CONSTITUTE TO THE DUE TO.	GERY ON 1	TERMINAL DISEASE OR COND	20h. IF YES, WERE FINDINGS USED
VITAL REINANS: The los hysicion. Incore hos monsit perin Hygiene pr 18 shows o	190 DATE OF OPERATK 2 24-83 210. ACCIDENT WAS UNDER	LIGHT A LL MONTE	21c. HOW INJURY O	YES NO COURRED (ENTER NATURE OF INJUR	IN CERTIFYING CAUSES OF DEATH? YES NO PART 2)
NG PHYSICIAN: The low resoluted by the state of the state	(# EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK	D 21e PLACE OF INJURY (AT HOME, SIREET, EACTORY, C	922 85	CITY OR TO	8
rTENDI spital or CTOR: A for use of Heal	show the deceased	his hospital) attended the deceased to the second of the s	rom_/	nion death accurred on the da	19 O , the (1) we) lost stee and hour and from the causes stated
ITAL OR Poy the hasy the hasy the hasy the hasy the hasy the hasy that DIRECT detached detached detached hase Dept.	224 PHYSICIAN'S NAM	, ·	MD_ ATTENDI	AN 🛮 DIRECTOR 🗌 PHYSIC	FIAN 9/27/85
O HOSPITAL stained by 11 TO FUNERAL should be det with the State Mithor State	GIULIO	. SCARZELLA	SILVER	SPRING	17d 20810
99999		ial 040ct85	Quantico Nat'L Ce	metery Quanti	.co, Virginia
DHMH - 16 50M 4/83 (VRA 15, 4)	Frazier's Fur	neral Home 389 R	RESS Ave. N.W. Wash.	OCT 3 1985	THE REGISTRANT ASIGNATURA



- STATE REGISTRAR DECEASED NAME

female

MICHIGAN

13e STATE

160 WAS DE

IFICATION

TYES NO

O. BIRTHPLACE ISTATE OF FOREIGN

O CITY OR TOWN OF DEATH

Takoma Park.

SUAL RESIDENCE (IF NURSI

Maryland

A FATHER'S NAME

XXXXX

(TYPE OR PRINTI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

Young

YES X

5. DATE OF BIRTH 12 22 05 DAY

ROX FACTORY

KLO. 140.				
O DATE OF DEATH MONTH	DAY	YEAR	26 HOL	IR
XXXXXXXX 9/9/	/85		140	15 M
AGE YN YEARS LAST BIRTHDAY)			IF UNDER	
XXX 79.	MONTHS	DAYS	MC)URS	MIN.

RRIED 🗆	NEVER MARRIEDXX	9	BALTIMORE CITY	OR COUNTY	OF DE AT	Н
DWEDE	DIVOPCED []	1		-		

YEAR

176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

Washi	ngton	Adventis	st	Host	ital	
		BEFORE ADMISSION				
	13c. CITY OR	TOWN	§ 13d	INSIDE	CITY LIMI	ITS?

Hvattsville

MA

Edna

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13e.STREET ADDRESS / ZIP CODE 20783 2002 Beachwood Road 15 MOTHER'S MAIDEN NAME

WILLAR	20	YOUNG		
		166 SOCIAL SECURITY NO.		
NO		378 01 9544		

Mrs Lucy

white

75 CITIZEN OF WHAT COUNTRY?

U.S.A.

4. RACE

13 COUNTY

17 INFORMANT NIECE BARBARA KERR

ALICE

2212

NO T

ADDOOG BEECHWOOD ROAD HYATTSVILLE, MD. 20783 BETWEEN ONSET AND DEATH

DAYTON

Conditions,	if any, which
	to immediate
cause (o),	stating the
underlying	cause last

190 DATE OF OPERATION

PART I. DEATH WAS CAUSED BY

A CHINSEQUENCE OF Tasta DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

18 CAUSE OF DEATH (Enter only one cause perfine far (a), (b), and if

IMMEDIATE CAUSE (a)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a	ACCIDENT WAS UNDERLYING
OR	CONTRIBUTING CAUSE OF DEATH

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

20a AUTOPSY?

21d INJURY OCCURRED 21e. PLACE OF INJURY NOT WHILE

220.1 certify that the phis haspital) attended the deceased from

211 LOCATION

CITY OR TOWN COUNTY

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

doove, (ii) we	\$131g	r(ala not) view the bady offer death	
2b. SIGNATURE	1	Mence v 167	

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c. DATE SIGNED 8

NO [

C.M. BENNER

230. BURIAL, CREMATION, REMOVAL 236. DATE

24 FUNERAL DIRECTOR

TAKOMA PARK

MARYLAND

DD	
Dr_	

DIVISION OF VIT AL RECORDS,

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

d b

\$

(SPECIFY) 9/12/85 BURTAL

23c NAME OF CEMETERY OR CREMATORY FT. LINCOLN CEMETERY

DEGREE

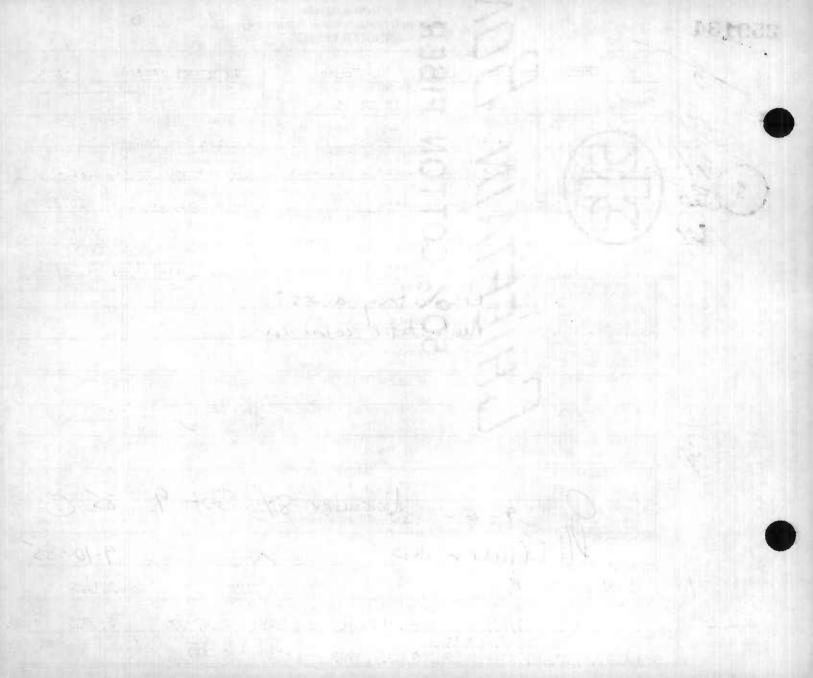
23d LOCATION CITY OF LOWN BRENTWOOD

and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated

PRI GEO

MD.

FRANCIS J. COLLINS 500 UNIV RIVD. W. STIVER SPRING MD. 20901 rule Davidson-Randell



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CEDTIEIC ATE OF DEATH

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	CEASED NAME	FIRST	MIDDLE	AST		DAY YEAR 26 HOUR
(TYI	PE OR PRINT)	FOUTH O	ZALI	MISKU	SEPTEMBER 1	198 75A
1.5	EX	I. RACE	5. DATE C	OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS
1	ENIA/E	Causasi	MONTH		4.0	NONTHS DAYS HOURS MIN.
7a. I	BIRTHPLACE (STATE OR	Caucasi FOREIGN 7b. CITIZEN OF	WHAT COUNTRY? 8.		9. BALTIMORE CITY OR COUNTY	OF DEATH
,	COUNTRY)	1104		D NEVER MARRIED	MONTHONIC	east
	SEOTGIA CITY OF TOWN OF DE	USA 11. NAME OF	WIDOWE HOSPITAL, NURSING HOME (V-1	120 USUAL OCCUPATION	136. KIND OF BUSINESS OF
1	HOATRAL		H FACILITY, GIVE STREET ADDRESS)	N 716-1704	TYPE OF WORK FOR MOST OF WORKING LIFE	NDUSTRY
<u>U</u>	IAL RESIDENCE (IENUR	ING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	MICHION	Correspondent C	lerk HUD
13a	STATE	13b. COUNTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?		71110
	aryland	Montgomery	Rockville	YES NO NO NO NO NO NO NO NO NO NO NO NO NO	11925 Parklawn 1	Drive O
4.1	FATHER'S NAME	MIDDLE	LAST	FIRST	MIDDLE	LAST
	Thomas	Н.	Spence	Leola	.00000	Johnson
5a	WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	Sister ADDRESS 1401	Windham Lane
	Vo		252-28-2683	Eloise Hivel		ring. Md. 2090
	18 CAUSE OF DEAT	H (Enter anly one cause per		11.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE ATH V	AS CAUSED BY: IMMEDIATE CAUSE (0)	CARLUAN	9 Ellin		Ius.
				8 1		1
	Conditions if a	11.1	R AS A CONSEQUENCE OF	0		
	Conditions, if any gove rise to im	mediate			/	1
	couse (a), statis		R AS A CONSEQUENCE OF			
		(c)_				
z	PART 2 OTHER SIG	VIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	rminal disease or condition givi	EN IN PART LID
CERTIFICATION						NESS SHIP III
5	19a DATE OF OPERA	TION 196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
RIT					YES NO YES	S NO
_	216. ACCIDENT WAS UN			21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART OR PART 2)
CAL	OR CONTRIBUTING	CAUSE OF DEATH	M: 19			
MEDICAL	214. INJURY OCCUR	RED TIN PLACE	OF INJURY	TH LOCATION	cits dictown	COGNIT LIGHT
Ž	WHEE AND MOTH	TAT HOME SI	RET, FACTORY, OFFICE, PARM, ETC.)	OWE	- I	SOUTH STATE
	77v.1 certify the	the hountail manifed of	a decreased from 61.	10 6	3 9/7	10 & Jhar 1
	sow the decide	ed of 0 9/2/	1 38	nd that in my our copinion	on death accurred on the date and how	and from the course stated
	obove, (II (we))	did find not view of July	fter stoth.		Y IIII - Non -IIII III	10. 10.000
	mu	ou /y	1.6.	ATTENDING	MEDICAL STAFF	9/2/2/
	1114	of no	noun	PHYSICIAN		1/1/88
	22d. PHYSICIAN'S N	AME (TYPE OR PANT)	-11/11	27e ADDRESS	309 SHORE	FIELD RD
	1119120	NC.	ENKIN	4	HEATON, MY	/
3 a	BURIAL, CREMATION	REMOVAL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATOR	y 23d. LOCATION	
	(SPECIFY)	Can 11	1985 Gate of	Надиок	Silver Spring	Mont. Md.
	BUTIAL FUNERAL DIRECTOR T	isep. II	00 in		ATE REC'D BY REGISTRARI256 REGISTI	RAR'S SIGNATURE
	NAME	rancis J. Co	CUNSDDRESS		SEP 13 1985 gulas	avidson-handeles
1	OO HULLIOTEL	tu Blud.W.	Silver Spring,	Md.	- 0000	

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, th

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

